

UNDERSTANDING HOW WESTERN-TRAINED MUSIC THERAPISTS INCORPORATE
CHINESE CULTURE IN THEIR PRACTICE IN CHINA:
AN ETHNOGRAPHIC STUDY

A Thesis
by
JESSICA MARIE DONLEY

Submitted to the Graduate School
at Appalachian State University
in partial fulfillment of the requirements for the degree of
MASTER OF MUSIC THERAPY

December 2017
Hayes School of Music

UNDERSTANDING HOW WESTERN-TRAINED MUSIC THERAPISTS INCORPORATE
CHINESE CULTURE IN THEIR PRACTICE IN CHINA:
AN ETHNOGRAPHIC STUDY

A Thesis
by
JESSICA MARIE DONLEY

APPROVED BY:

Melody Schwantes Reid, PhD, MT-BC
Chairperson, Thesis Committee

Cathy H. McKinney, Ph.D., MT-BC
Member, Thesis Committee

Alecia Youngblood-Jackson, Ph.D.
Member, Thesis Committee

James Douthit, D.M.A.
Dean, Hayes School of Music

Max C. Poole, Ph.D.
Dean, Cratis D. Williams School of Graduate Studies

Copyright by Jessica Donley 2017
All Rights Reserved

Abstract

UNDERSTANDING HOW WESTERN-TRAINED MUSIC THERAPISTS INCORPORATE CHINESE CULTURE IN THEIR PRACTICE IN CHINA: AN ETHNOGRAPHIC STUDY

Jessica Marie Donley, MT-BC
B.M., University of Louisiana at Monroe
M.M.T, Appalachian State University

Chairperson: Melody Schwantes Reid, PhD, MT-BC

Few studies highlight the implications of music therapy practice with Chinese people. Although music therapists work with Chinese people in the United States, Canada, Australia, and China, little is known about how these music therapists incorporate Chinese culture in their practice in order to provide culturally-responsive music therapy. This ethnographic research study aimed to understand how Western-trained music therapists incorporated Chinese culture in their practice in China.

The researcher observed music therapy sessions of two Western-trained music therapists in a neurologic rehabilitation and mental rehabilitation department in a hospital setting in China. In addition, the two music therapists, two of their clients, and two facility professionals were interviewed. The researcher also collected data through field recordings, field notes, and artifacts. Six categories were identified in the data analysis. The findings indicated that Western-trained music therapists incorporated Chinese culture in their session by: using “mixture” music,

developing and maintaining *guānxi* with various individuals, using multiple models of music therapy, using a variety of active and receptive experiences, using the Chinese Mandarin language, and acknowledging that music therapy is a natural therapy. Overall, themes of mixture were in several of the categories suggesting that music therapy with Chinese people is a “mixture” music therapy. This “mixture” music therapy contains a mixture of cultures including Western culture, Chinese culture, and other cultures. This also suggests that the younger generation in China may be more accepting of different cultural values through globalization. Future research by Chinese music therapists is needed to understand varying perspectives of culturally-responsive music therapy for Chinese people.

Keywords: culturally-responsive music therapy, music therapy, culture, Chinese culture, ethnography, music, therapy

Acknowledgements

I want to thank the many people who have made this research possible. Thank you to those who helped me locate participants including members of the Chinese Music Therapy Network, Dr. Barbara Wheeler, Dr. Xi-Jing Chen, and Ming-Ming Liu. I also want to further extend my thanks to Ming-Ming Liu for communicating with me and answering my questions about music therapy in China. To the music therapists who gave me an opportunity to visit your place of work, observe your sessions, interact with your clients, speak with your colleagues, and get to know you, it was an honor. Each of you are amazing music therapists, and I have learned so much from you. Please extend my appreciation to your clients and your colleagues for their openness and willingness in having me as apart of their experience. To the interpreters, thank you for your time and help in understanding the language and communication of others. To all the interns and music therapists that welcomed me, your kindness and hospitality did not go unnoticed. I hope to see many of you soon and return this kindness. Thank you also to Joyu Lee and Yingqi Wang for your help with translating consent forms.

To Dr. Melody Schwantes Reid, I want to express my appreciation for your guidance over the past year, your willingness to listen with an open ear to my gamut of research and project ideas, and letting my creativity and imagination run wild, while still helping me focus on realistic goals. Thank you for reassuring me and celebrating with me during different moments in the research process. You have helped me realize one of my dreams, and I am so grateful for your support.

Dr. Cathy McKinney, thank you for challenging me to ask questions about my practice as

a music therapist and uncharted territories in music therapy. It has instilled in me an excitement for generating, building, and nourishing my “think tank.” It has also given me greater confidence as a music therapist and researcher. My thanks also extend to Dr. Alecia Jackson-Youngblood. Thank you for taking the time to share your expertise in interpretivist methodologies and inspiring me to go above and beyond my original research design to include a triangular perspective. This encouraged me when there were many uncertainties and ambiguities in the research planning.

Along with those that were members of my committee, I give my thanks to various individuals in the Office of Research particularly those in Grants, Resources & Services. Karen and Katie, thank you for your support during a busy last semester and in the time that we have worked together. Thank you also to the Office of Student Research for funding and supporting my research through their Research Grant program.

I extend my thankfulness and appreciation to those that supported me including my friends and family. Special thanks to Christina, Danyelle, Miranda, Sarah S., Sarah T., and Erin for your love and patience during this period of time in addition to many others not named. To my Mom and Dad, thank you for your love and support, especially when I was my worst critic. I am fortunate and privileged to have you both as my parents, and I love you very much. Lastly, my praises go to my God who sustains my life. With you, I lack nothing, and everything is possible.

Table of Contents

Abstract.....	iv
Acknowledgements.....	vi
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	10
Chapter 3: Method.....	48
Chapter 4: Results.....	61
Chapter 5: Discussion.....	92
References.....	120
Appendix A: Consent Forms.....	132
Appendix B: Observation Guide.....	145
Appendix C: Interview Guides.....	147
Vita.....	152

Chapter 1

Introduction

In retrospect, my interest in China and Chinese culture took root at a young age and from experiences where I was not culturally aware of the differences among Taiwanese, Chinese, and other Asian cultures. For instance, I had two friends at a young age who were Taiwanese and Chinese, but I saw them as the same culture, Chinese culture. I learned more about my Taiwanese friend and her culture when I visited her home. There, I observed her family's interactions, communications in their native language, preparation of food, and tasting authentic cuisine. It was exciting to learn about her culture in this small immersion experience, and fun to try Taiwanese food for the first time.

Prior to my training in multicultural counseling, my interests in music therapy and Asian cultures emerged at my internship. At one facility, an Asian woman with a developmental disability attended music therapy sessions. This was the first time that I had worked with an Asian woman and, I began to ask myself questions about how music therapists provide music therapy services to Asian clients in a culturally empathetic way. Although her ethnicity was uncertain, I believe I chose to research music therapy and Chinese culture based on my previous notions, experience, and friendships. I wanted to know if music therapists in the United States provided services to Chinese people, as well as if music therapy was a profession being practiced in China. After I learned that music therapists were working with Chinese people in the United States and in China, new questions began to form, and I wanted to understand how music therapists include Chinese culture in their practice. I thought the best way to answer this question was to travel and study it in China.

Because I have a strong desire to travel, live, work, and conduct research in China after the completion of my graduate program, I hope that this research will inform me how I can incorporate the Chinese culture into Western music therapy practice. In this first chapter, I discuss in more detail my interest for conducting this research, Western culture in music therapy, music therapy with Chinese people, music therapy in China, definitions important to this study, ethnography as the methodology, the purpose of this study, and its research question.

Overview of Culture in Therapy

Researchers such as Mahoney (2015) recognized that culture naturally occurs in therapy practice, because all clients identify within a certain culture. Due to this presence of culture, some approaches and models in therapy may be more appropriate than others. This may be true for Western and Eastern cultures that may be either individualistic or collectivistic (Bradt, 1997). Since therapy and music therapy were first recorded as a Western practice, this presents some ethical issues when working with people of from Eastern regions, such as India, Korea, China, and Japan (Bolger, 2012; Bradt, 1997; Chase, 2003; Epstein, Curtis, Edwards, Young, & Zheng, 2014; Kimura & Nishimoto, 2017; Leung, Wilson, Rock, & Smith, 2014; Topozada, 1995).

Helping professionals, such as social workers, counselors, and marriage and family therapists have worked with individuals from a variety of cultures in a Western context (Chan, 2014; Epstein et al., 2014; Gadberry, 2014; Ip-Winfield & Grocke, 2011; Ip-Winfield, Wen, & Yuen, 2014; Lauw, 2016; Mondanaro, 2016; Ng & James, 2013; Sardovnik, 2016; Schwantes, Wigram, McKinney, Lipscomb, & Richards, 2011; Schwantes, McKinney, & Hannibal, 2014; Schwantes, 2015; Shibusawa, 2008). In these studies, the researchers considered the preferred music of the client, the purpose of the music, cultural empathy, the multicultural identity of the client and the therapist, and language within a Western context.

A great deal of this research has occurred in Western contexts, but more needs to take place in Eastern contexts to witness how considerations of culture manifest in collectivist environments. Some professionals have already started this work (Bolger, 2012; Epstein et al., 2014; Gao et al., 2013; Lai, Lai, Ho, Wong, & Cheung, 2016; Li & Vivian, 2010; Tse, Ng, Tonsing, & Ran, 2012). Much of their findings are limited or fail to address what therapy in non-Western countries looks like. Helping professionals, such as marriage and family therapists and psychological counselors have taken the initiative to investigate how Western approaches can be adapted for their therapeutic practices (Epstein et al., 2012; Epstein et al., 2014; Tse et al., 2012).

Overview of Chinese Culture in Music Therapy Practice

More literature is needed that addresses Western music therapy practice with Chinese people in Western contexts. Music therapists are working with this cultural group in the United States and Australia (L. Y. Hsiao, personal communication, November 3, 2016; Ip-Winfield & Grocke, 2011; Ip-Winfield et al., 2014; Mondanaro, 2016). A vast majority of the literature comes from Australia where Chinese migrants are the largest non-English group (Ip-Winfield & Grocke, 2011; Ip-Winfield et al., 2014; Lauw, 2016). This may be due to Australia's proximity and geography to China. In Australia, music therapists have worked mostly with older adult Chinese migrants in home-based and residential aged care facilities (Ip-Winfield et al., 2014; Lauw, 2016). In the United States, music therapists have worked with Chinese clients in medical and hospice settings (L. Y. Hsiao, personal communication, November 3, 2016; Mondanaro, 2016).

In Eastern contexts, the literature on Western music therapy with Chinese clients is scarce. This may be due to a language barrier and a need for more translations between the Chinese and English language and vice versa. Music therapists working with Chinese clients in

Eastern contexts are all working in China (Chen, Hannibal, Xu, & Gold, 2014; Gao et al., 2013; Lai et al., 2016). Surprisingly, the literature describes three different populations that received music therapy services: earthquake victims, prisoners, and older adults with dementia. To my knowledge, there are more music therapists in Hong Kong, Macau, Beijing, Wuxi, and Chengdu who have trained in the West and returned to China to practice music therapy (Hong Kong Music Therapy Association, 2016; M. M. Liu, personal communication, February 24, 2017). These music therapists studied in the United States, Canada, Europe, and Australia.

While there is a presence of Western music therapy in Eastern contexts like China, there is also a presence of Eastern music therapy. This form of Eastern music therapy was developed to incorporate aspects of the Chinese culture and meet the needs of individuals in their culture (Chen, Sung, Lee, & Chang, 2015; Li, 2015). This type of music therapy is based on philosophical writings about the Five Element Theory and Traditional Chinese Medicine. While little scientific basis has been found for Eastern music therapy (M. M. Liu, personal communication, March 18, 2017), it holds possible implications for how Chinese culture can be incorporated in music therapy. Music therapists need to follow suit of other helping professionals to discover how the Chinese culture may best be implemented into Western music therapy. While therapies have much in common at their core, music therapy also needs to understand how music plays a different role in Chinese culture.

Definitions

To better understand this study and the research that has been conducted by others, definitions of important terms are provided below. Important terms for this study include: music therapy, Western-trained music therapist, culture, cross-cultural music therapy, Traditional Chinese Medicine, and Five-Element Theory, and ethnography.

Music Therapy. Representing music therapists practicing in the United States, the American Music Therapy Association (AMTA) defines music therapy as, “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (2017b). In China, there is currently no one unifying definition of music therapy for all music therapists and the country. According to Liu (personal communication, March 15, 2017), the Central Conservatory of Music (CCOM) in Beijing, China uses Kenneth Bruscia’s definition of music therapy “music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change ” (1998, p. 20). Professor Gao, the founder of the music therapy program at CCOM, studied Western music therapy at Temple University, and so the program at CCOM is also based on Western music therapy and Temple University’s program (M. M. Liu, personal communication, March 15, 2017). The utilization of this Western definition of music therapy may indicate that music therapy is influenced there more by Western culture than initially expected for a foreign country.

Western-trained music therapist. A Western-trained music therapist is any music therapist who has received training in the West, such as in Europe, Canada, the United States, or Australia before returning to China. In their practice, they may prefer to use live music rather than recorded music (Hogan & Silverman, 2015; Walworth, 2010).

Culture. Culture is defined as “the accumulation of customs and technologies enabling and regulating human coexistence” (Stige, 2002, p. 38). Culture is complex and may contain knowledge, faith, art, ethics, law, customs, and abilities or habits gained by an individual in a society or context. Culture influences our thoughts, behaviors, communication behaviors,

values, and how we create labels about others and ourselves (Mahoney, 2015; Yehuda, 2002). One culture can contain multiple sub-cultures (Hadley & Norris, 2016). Culture can be labeled as Western and Eastern contexts or individualistic and collectivistic (Kimura & Nishimoto, 2017).

Traditional Chinese Medicine (TCM). Traditional Chinese Medicine looks at the connection of the five elements (wood, fire, earth, metal, water), the five organs (liver, heart, spleen, lung, kidney), the five weather elements (wind, heat, humidity, dryness, coldness), the five tastes (sour, bitter, sweet, spicy, salty), the five colors (green, red, yellow, white, black), the five emotions (anger, joy, worry, sadness, scare), and the five tones (Jué, Zhǐ, Gōng, Shāng, Yǔ). Balancing the interconnectedness of all of these keeps a person healthy (Li, 2015).

Five-Element Theory. Five-Element Theory is a concept within Traditional Chinese Medicine that indicates there are five basic elements that make up the universe: wood, fire, earth, metal, and water. When one element is affected, the whole system is affected and the balance is disrupted (Li, 2015).

Summary

My interests in the Chinese culture and wanting to work cross-culturally as a music therapist in China have influenced my decision to explore the cultural dimensions of the Chinese culture within the music therapy setting for Western-trained music therapists. Research of music therapy with Chinese people in the West and in China is lacking in the literature. While there are a few examples, Western music therapists who must return to their native country of China have to discover many nuances of the Chinese culture and Western music therapy with little guidance.

Methodology

An ethnographic research design was the best choice for this research, because culture is a major component of this study and the research question. Ethnography was also the best choice, because I was interested in living, working, and conducting research in China following the completion of my study. In order for me to be able to do this as a Western-trained music therapist, I needed to understand through in-person observations how Chinese culture was incorporated into the music therapy sessions of Western-trained music therapists in China. Fieldwork in ethnography helped me to obtain information about the process of music therapy and the phenomenon of Chinese culture through multiple sensory modalities.

Ethnography is the “study of people and culture,” where the researcher is a participant (Stige & Ledger, 2016, p. 410). Ethnography is an interpretivist research design that focuses on collecting information from multiple sources. This is done in a fluid and flexible manner by the researcher. Research questions can evolve organically over the course of the project rather than having set research questions prior to its onset. Research questions may also be adapted to meet the needs of the project. This coincides with the idea that culture is flexible and is not fixed within any given context. The concepts of the outsider and insider or etic and emic observer are important in understanding the culture being studied in ethnography. This allows the researcher to have multiple lenses. Even though both of these lenses are helpful to the researcher, as the etic observer they will never fully understand any one culture. They have not acquired the same cultural lens.

History of ethnography. Ethnography was a research design founded by colonials who wanted to learn more about natives within their colonies (Stige & Ledger, 2016). Through their early research, ethnographers were unaware of their powerful positions and repression of natives.

In order to avoid these previous unethical practices, ethnographers in the 19th and 20th centuries studied cultures for a longer duration in what we now know as fieldwork or prolonged field observations. One ethnographer, Brian Malinowsky believed that participant observations provided a less bias view of culture than reading documents and artifacts (Ericksen, 2010). He was one of the first to express the importance of the insider. During the 20th century, ethnographic research became a research design used more broadly outside the anthropology field including limited studies in music therapy (Stige & Ledger, 2016).

Stige and Ledger (2016) have both contributed to the knowledge of ethnographic research in music therapy. Stige (2010) studied the participation of adults with intellectual disabilities at a festival. Because the festival was only for a short period of time, Stige chose to use a focused ethnographic methodology by using his previous 15 years of attendance at the festival to set a focus for his research. To increase validity for his study, he collected video recordings and photographs. Ledger (2010) chose to use ethnography as apart of her mixed-methods design research within a hospital. She studied the culture and development of music therapy within that setting and elicited narratives from music therapists around the world who had also started programs within a hospital setting.

Focused ethnography. There are several types of ethnography, including auto-ethnography, micro-ethnography, critical ethnography, focused ethnography, meta-ethnography, and grounded theory (Anderson, Herr, & Nihlen, 2007; Stige & Ledger, 2016). This study used focused ethnography since the study was for a short duration like Stige's (2010). By following this methodology, I needed to observe and participate in Chinese culture and other sub-cultures within it, such as the culture within the hospital setting (Stige & Ledger, 2016).

In an ethnographic study by Paulson (2011), she described the role of the observer and her relationship with the participants. Paulson developed rapport to help facilitate expression of emotion in the interview process by also becoming a participant in the Scottish dances. It may have developed rapport at a quicker rate with client participants by being a participant of some of the music therapy sessions.

Purpose of Study

The purpose of this study was to observe Western-trained music therapists in China in music therapy sessions with their clients. The study looked at how they incorporated Chinese culture in their sessions after their return to China.

Research Question

The following research question guided me in this study:

1. How do Western-trained music therapists in China incorporate the Chinese culture in their practice, and what does this look like?

Chapter 2

Literature Review

Introduction

In the early 2000s, literature in the music therapy profession expanded to include more multicultural topics (Hadley & Norris, 2016). These topics have included mostly multicultural issues and cross-cultural music therapy articles, but few highlight fieldwork experiences abroad particularly in China. For this reason, literature from other helping professions, such as marriage and family therapy, psychological counseling, and social work were retrieved to examine their work in Chinese culture in those specific contexts. Researchers representing these helping professions discussed how Western therapy could be adapted for Chinese people in China. Chinese culture and Chinese culture in music therapy will also be discussed. In order to be culturally empathetic in the writing of this research paper, ‘they,’ is used when possible to avoid assumptions of gender binarism (Whitehead-Pleaux & Tan, 2017).

Culture

Culture is broadly defined as “the accumulation of customs and technologies enabling and regulating human coexistence” (Stige, 2002, p. 38). Culture exists at any point on the Earth and is always shifting (Shibusawa, 2008). Although many components make up culture, such as knowledge, faith, art, ethics, law, customs, abilities, and habits, individuals are the people who create and define the culture and its social construct (Yehuda, 2002). Without people, culture does not exist.

When people define their culture, they often identify within multiple or sub-cultures in what is called intersectionality (Ratts, 2017). When these identities intersect, it produces different combinations of privilege and subjugation. For instance, a black woman’s race and

gender are both subjugated, which means they are less privileged than a black male.

Intersectionality creates a diverse dynamic of cultures within one given context. For this reason, an individual or group's culture "must be learned through a prolonged process, over a considerable amount of time, with much practice" (Matsumoto & Juang, 2013, p. 64).

Culture is often divided into two categories, individualistic and collectivistic cultures (Kimura & Nishimoto, 2017). Individual cultures focus on the individual unit while collective cultures focus on the family or other groups in that culture (Tseng, 2004). Collective cultures may also value harmony, connection, and less disclosure and use of emotional expression (Leung et al., 2014; Song, Anderson, Beutler, Sun, Wu, & Kimpara, 2015; Taephant, Rubel, & Champe, 2015). The United States, Canada, Western Europe, and Australia are typically individualistic or Western cultures. Countries in South East Asia, South Asia, and North East Asia, such as China, Japan, Thailand, Vietnam, India, and Bangladesh are typically collectivistic or Eastern cultures. While countries here have been placed into an individual or collective category, one must not assume that all cultures within that country are individualist or collectivist.

Multicultural Considerations in Therapy

Because individuals and groups of another culture were being observed for my study, I thought it was important to consider multicultural issues. The culture of the client and therapist may be concealed from the observer and/or the facilitator. In field research, there needs to be a greater awareness of the researcher's and participants' multicultural identities, the experiences of others in cross-cultural therapy, their experiences in cultural immersion, and attainment of knowledge from individuals of that culture in therapy practice (Chase 2003; Leung et al., 2014; Li, 2015). In Eastern contexts, there is uncertainty around how multicultural issues are

considered. Therefore, in my research, I will consider these issues and reflect on the merging of my culture with Eastern culture.

Multicultural Identity

Hadley and Norris (2016) discussed the term cultural identity in multicultural work. They listed several cultural identifiers including: race, gender, gender identity, gender expression, social class, economic status, age, sexual orientation, health status, ability, religion, ethnicity, political affiliation, geographical location, and chosen interests. Together, cultural identifiers intersect to create intersectionality so that we may relate to our social contexts (Ratts, 2017). Often, individuals describe themselves first by cultural identifiers that are most important to them, or those that designate their differences (Bryson, 2016).

The Therapeutic Relationship

Both the client and therapist bring an unconscious and a conscious awareness of their multicultural identities into the therapeutic relationship. This happens no matter the similarities or differences in the client and therapist's multicultural identities. For this reason, the therapeutic relationship always contains cross-cultural work. Even for the experienced therapist, it is best to avoid assumptions about a group of people, because differences still exist within one culture (Bradt, 1997; Hadley & Norris, 2016).

The therapeutic relationship contains typical characteristics, such as trust, rapport, and a listening music therapist. A music therapist can develop rapport with a client by knowing a few short words in the client's language or by knowing a few simple songs (Moreno, 1988). Kim (2013) believed that one of the most important roles of the therapist was their listening skills and validating the client. Mondanaro (2016) talked about shaking hands, smiling, and learning individuals' names to develop a therapeutic relationship with diverse clients in the medical

setting. He also believed that unconditional positive regard was “central” in caring for these individuals (p. 156).

Power exists in all therapeutic relationships no matter what the therapists’ model or approach (Hadley & Norris, 2016; Mahoney, 2015). Therapists need to acknowledge power in the therapeutic relationship, especially if the music therapist identifies within a dominant or agent cultural identity in comparison to the client. In international contexts, foreigners in some parts of the world may be seen as “novelty” or held in high regard. In these cases, there may be no way for non-natives to relinquish power (Bolger, 2012).

Kim (2013) recognized that it was important to empower her Korean clients who had been oppressed in their native country and as immigrants of the United States. Kim found that her clients saw her use of empowerment as an “attack on Korean culture” (Kim, 2013, p. 431). By talking about the oppressions they faced, the women gained an awareness of power in both of these contexts. Kim discussed an equalization of power between the client and therapist. Music therapy may be able to help clients realize their own power, and requests more action from the client.

Even though power cannot be fully relinquished by the music therapist, the power of the client may profess forward all the time without our knowing. Rolvsjord (2004) believed that “empowerment is always happening and unfolding in culture, and differs from situation to situation” (p. 101).

Music Specific to Culture

Music therapists who believe that music is universal may think that multicultural issues are unnecessary (Brown, 2002). Just as musical preferences are individualized for our clients, music and the music communicated are specific to a culture. Music is a non-universal language

unlike previous beliefs and thinking on universality (Brown, 2002; Chase, 2003; Hadley & Norris, 2016; Moreno, 1988; Swamy, 2014). Music exists for a variety of purposes in cultures. For instance, music is used in memorials, religious activities, and healing (Bradt, 1997; Brown, 2002). For some clients, these may create deeper connections to music. Music has also been utilized to connect the mind and body, assist in trances, and connect patient and healer. The presence of music within many cultural backgrounds makes it possible for individuals from different cultures to communicate nonverbally (Brown, 2002; Moreno, 1988). The music therapist needs to understand the various views on privacy and confidentiality in other cultures (Bolger, 2012).

In most music therapy programs, music therapists must have a foundation in Western classical music to be admitted (Hadley & Norris, 2016). Music departments in schools often set this requirement. Although our field has a firm foundation in Western musical styles, music therapists may not have exposure and experience with other cultural styles to work cross-culturally (Young, 2016). In some cultures, Western musical styles may be an influence, such as Western classical training (Latham, 2007). Still, there is a lot of music that does not fit in the Western and classical tradition (Hadley & Norris, 2016). Music therapists must not assume that individuals prefer music from their culture's tradition (Bolger, 2012).

In knowing the music of other cultures, music therapists need to be knowledgeable about where, for what event, or tradition the music was originally developed. In Kim (2013, p. 431), she talked about this Korean culture, and defined it as “magical, sacred, and ritualistic in character.” Her clients who were women and Korean immigrants requested *Airang*, the unofficial national anthem of Korea. Kim pointed out that there was a disconnection between the serious lyrics and the cheerful nature of how the song is sung among farmers and fisherman.

It may be difficult to recreate music of certain cultures, and so cross-cultural music therapists may need to utilize recordings instead. This ensures that the music is authentic. Ip-Winfield et al. (2014) expressed challenges in recreating Peking opera, Shanghainese opera, and Cantonese opera as well as songs in other Chinese dialects. The researchers discovered that their Chinese clients also asked for Indonesian and English music.

Music therapists need to consider their multicultural identity in conjunction with the music of other cultures. It is impossible for therapists to gain a complete understanding of a culture or cultures by only learning or understanding the cultures' music. The music therapist also needs to understand their multicultural identity in order to differentiate between their culture and their clients' culture (Young, 2016). Going beyond the medium of music, Brown (2002) and Chase (2003) thought that therapists needed to consider art, dance, and drama.

Cultural Empathy and Cultural Sensitivity

Cultural sensitivity was discussed in Ip-Winfield et al. (2014) in their work with older Chinese migrants in Australia. They believed that culturally sensitive practice could develop into cultural empathy for the clients and that it included "language, religion, values, rules, meanings, and knowledge and belief" (p. 129). One way they were culturally sensitive with clients was by talking positively about health. For instance, in Chinese culture, depression and anxiety do not exist. Instead, they may be known as a neurasthenia or a need for "chi" and life energy. The researchers also thought that the chosen event location, providing traditional Chinese food, and using non-verbal communication during the training workshops also encouraged cultural sensitivity.

Cultural empathy is defined as "the process of gaining an understanding of the client's personal culture experiences with the aim of conveying this understanding" (Brown, 2002, p. 3).

Cultural empathy and empathy are not a universal concept. For instance, a music therapist who provides music therapy services to a Japanese man in a long-term facility and makes eye contact, smiles, sits close to him, and attempts to engage with him while playing and singing Japanese music may not be using cultural empathy (Baker, 2015). While these behaviors may be appropriate in Canadian culture or other Western cultures, the actions of the therapist are considered disrespectful to the client and his family (Brown, 2002). Bradt (1997) wrote that direct eye contact might be disrespectful in some cultures. Other nonverbal forms of communication, such as space, body movements or gestures, and touching may also be viewed differently.

The definition of cultural empathy in Brown (2002) is similar to the definition of cultural sensitivity in Whitehead-Pleaux and Tan (2017). Whitehead-Pleaux and Tan defined cultural sensitivity as “the curiosity and desire to truly understand the implications of another individual’s cultural influences” (2017, p. 272) Even though cultural sensitivity and cultural empathy seem to be used interchangeably, I am choosing to use cultural empathy in my research. I believe that cultural empathy assists therapists in genuinely listening and understanding their clients’ cultures. The term, sensitivity tends to be a derogatory term, such as in the phrase “You’re too sensitive.” In this way, sensitivity suggests that certain work with individuals and those individuals in particular may be more sensitive, because of their culture.

Worldview

The way we view the world or our worldview is based on our multicultural identity and the social constructs that create these identities (Hadley & Norris, 2016; Topozada, 1995). An individual’s worldview determines their norm. As therapists, we view our clients and our work through our worldview.

Three key concepts were important to Swamy (2014) in describing how we experience life today. These were context, identity, and meaning and they cover how we were brought up by our parents, where we currently reside, our values, the way we communicate, and our multicultural identities both the ones we identify as and those that society places upon us. Our worldview may be detrimental to clients with multicultural identities who have not historically received music therapy services. Music therapists must go outside their worldview, beyond the “cognitive map,” and the typical music therapy process (Brown, 2002, p. 4).

Worldview becomes a problem when we begin to view all of our clients through the same lens (Brown, 2002). Therapists in individualist cultures may be the most susceptible in perpetuating this pattern. It would be unethical to provide music therapy to a client of a collectivist culture using an individualist worldview (Bradt, 1997). Understanding the client’s worldview helps the client to feel supported and contributes to the therapeutic relationship and rapport (Kim, 2013). It also encourages the music therapist to work toward becoming a culturally sensitive music therapist.

Cultural Statistics of China

Chinese people are the largest group of people in the world. Every one out of four people are Chinese (Guo & Hanley, 2015). According to the Central Intelligence Agency (2017), there are over 1.3 billion people currently residing in China. There are 56 ethnic groups recognized by the Chinese government. The highest percentage of individuals identify as Han Chinese ethnicity (Central Intelligence Agency, 2017; Scharff, 2014). People in China may speak one of eight languages and practice one of five religions. Because of many dialects in Chinese languages, people from different regions may have trouble communicating. For example, Mandarin and

Cantonese Chinese both use the same Chinese characters, but they spoken language is different (Latham, 2007). This presents many challenges for therapists working in China.

Chinese Culture

Overview

Chinese culture has a long history and is grounded in belief systems, such as Confucianism (Dias, Chan, Ungvarsky, Oraker, & Cleare-Hoffman, 2011; Guo & Hanley, 2015; Kim, 2013). The values within these belief systems helps to maintain the harmony and social structure of different levels of community including government, family, and social relationships (Dias et al., 2011; dos Santos, 2005; Leung & Chen, 2009). These core beliefs may also have a direct impact on the treatment of illnesses.

Spirituality

Spirituality in Chinese culture may include the worship of ancestors, belief of spirits, healing practices like Traditional Chinese Medicine, and religion (Nagai, 2013). People may believe in one or multiple belief systems including Confucianism, Taoism, and Buddhism. Interventions, such as prayers, offerings, showing respect, guiding spirits to ascension, communicating with spirits, improving karma, acupuncture, altering the energy according to Feng Shui, and telling fortunes can be incorporated in therapy to treat spiritual illness (Nagai, 2013). Spirits are considered common for Chinese people, but mistaken for psychotic experiences in the West. Mindfulness is also a practice that is derived from the East.

Confucianism. In Confucianism, harmonious relationships are important (Dias et al., 2011). Behaviors of Confucianism such as politeness, humbleness, and timidity are also signatures of this tradition (Guo & Hanley, 2015). Three types of relationships need to be considered including the relationships among older and younger brothers, father and son, and the

kind and the people. For example, in the relationship of the father and son, the son must remain loyal to his father and the family. Some other possibly more important parts to Confucianism are respect for authority, ancestor worship and the male as the dominant figure (Dias et al., 2011). Music in Confucianism encourages proper morals and ethics (Li, 2015).

Taoism. In Taoism, music has a different role, and is viewed in the opposite way of Confucianism. Music helps create a balance within the individual and their environment (Li, 2015). The Taoist religious tradition offers meaning to an individual who is seeking success (Nagai, 2013). Taoism has four principles including harmony with others, avoiding conflict, discouraging selfish wishes, and discouraging directness (Chang, Tong, Shi, & Zeng, 2005). The Yin and Yang is an important philosophy in Taoism. It is better to find a balance between two opposing things rather than take on just one (Scharff, 2014).

Buddhism. Buddhism helps individuals understand cause and effect relationships (Nagai, 2013). In this belief system, individuals often want to improve their fortune in the next life. Positive things in this life will result in a better life in the next, such as rising to a higher status in society. People who practice Buddhism believe that relationships develop as a result of “destiny” or “karma” (Shibusawa, 2008, p. 385). This suggests that individuals have little control over their destinies.

Healing Practices

Perspectives on illness. In talking about Asian groups as a whole, Tseng (2004) stated that Asians’ perspective on medicine and illness is quite different from those in the West. Chinese clients may view an illness as supernatural or natural calling themselves spiritually ill (Nagai, 2013). Their view on illness is a result of their social and cultural environment (Tseng, 2004).

Traditional Movement

There are several types of traditional movement that are ingrained in Chinese culture including tai chi, *tàijíquán*, and *qìgōng* (Chang et al., 2005; Mannich, 2017; Sun, Zhang, Buys, Zhou, Shen, & Yuan, 2013). They can be utilized for healing of the body. One of these in particular, *qìgōng*, has been used in the West as a healing movement (Mannich, 2017). *Qìgōng*, a healing art form in Chinese culture focuses on *qì* [chi] or energy (Chang et al., 2005). Through its practice, participants incorporate various forms of movement, breathing, and meditation to improve *qì*. Therapists are beginning to consider its use in the West (Mannich, 2017).

Tai chi is also a form of traditional movement exercise that involves slow and purposeful movements, breathwork, and mindfulness (Sun et al., 2013). Tai chi may help reduce blood pressure, improve the ability to exercise, and improve quality of life. Also known as *tàijíquán*, tai chi has been found in works by Chinese physicians (Chang et al., 2005).

Traditional Chinese Medicine

Taoist and Confucianist teachings influenced Traditional Chinese Medicine (Li, 2015). According to Ip-Winfield et al. (2014), there is a long history of music and health in Chinese culture. The oldest text on Traditional Chinese Medicine is the *Yellow Emperor's Classic of Internal Medicine* (Chen et al., 2015). In Traditional Chinese Medicine, the Yin and Yang symbolize day and night. They are the “energy flows” within the body (Li, 2015, p. 4).

Five-Element Theory. In this theory that grew out of Yin and Yang, the balance of elements is important to human health (Li, 2015). Tones of the pentatonic scale represent five elements in nature, five organs of the body, five weather elements, five tastes, five colors, five emotions, and the five tones. The five elements are water, fire, wood, metal, and earth. The five organs of the body are the kidney, heart, liver, lung, and spleen. The tones are called the “Gōng,

Shāng, Jiǎo, Zhǐ, and Yǔ” (Chen et al., 2015, p. 193; Li, 2015). Each of the categories corresponds to one another. In Chinese culture, it is believed that music by way of the five tones can create a balance within the five parts of the body to heal (Li, 2015). This supports the statement in Ip-Winfield et al. (2014, p. 125), “Belief in music as therapy is ingrained in Chinese culture and traditional medical practice...”

Family and Collectivism

Like in previous sections, collectivism is apart of the Chinese culture. Instead of focusing on the self, the Chinese people are called to action for their society and the community at large. When they have children, they will often raise their child to have the same values.

Chinese families are hierarchical and patriarchal according to Confucius principles (Kim, 2013; Miller & Fang, 2012). The hierarchical system may include extended family members who contribute to the whole family system’s making of decisions and other responsibilities (Kim, 2013). In history, women have been known to marry into the family structure of their husbands (Shibusawa, 2008). Just as it is important in the Chinese community to maintain harmony, it is also important within the family system (Miller & Fang, 2012). This may be observed during conflict in a family system. The elder in the family expresses the conflict to their child, but the emotional aspects are not fully discussed. This leaves a lot unspoken (Dias et al., 2011).

Other Social Relationships

Social face. Social face is also referred to as *miànzi*, which is a “sense of favorable social self-worth that could be affected by uncertain social situations” (Lauw, 2016, p. 58). Chinese people place a lot of importance on social face to avoid rejection and embarrassment (Song et al.,

2015). Individuals who express negative emotions in public may be negatively affected by social face (Epstein et al, 2012).

Communication. In Chinese culture, there are three common characteristics of language including hierarchy, indirect communication, and inhibited expression of emotion (Epstein et al., 2014). Therapists need to be aware of the hierarchical system within each family when communicating with the family or the individual. It is suggested to address the oldest family member present. To respect the hierarchy in the Chinese family, it is also suggested that the therapist foster positive working alliances with older adults rather than oppose them in front of their children.

Chinese language is often described as indirect. Chinese people may try to make sense of what was unsaid rather than what was said (Epstein et al., 2014). Emotions are also expressed more indirectly. Individuals may even avoid expressing positive or negative emotions (Li & Vivian, 2010). In families, it is uncommon for individuals to express emotions toward someone else (Epstein et al., 2014). This is called *hánxù* in Chinese and refers to an indirect communication.

Therapy in China

History of Therapy

In the era of reeducation and the Cultural Revolution, therapy was not utilized to treat mental health illness. Instead, reeducation was supposed to serve this purpose (Chang et al., 2005; Miller & Fang, 2012). In 1987, the Chinese government recognized the importance of mental health services and Western therapy was introduced shortly thereafter. Even though twenty years has passed, therapy remains a novice practice in China.

Current Trends

Therapy, disabilities, and psychiatric disorders are stigmatized in China (Beer, 2015; Guo & Hanley, 2015; Li & Vivian, 2010; Tse et al., 2012). It is possible that therapy may shame or harm the reputation of the family. For this reason, mental health needs are often resolved within the individual or the family. The few in China that do seek out mental health services often drop therapy after a short period of time (Chang et al., 2005; Guo & Hanley, 2015). This may be for multiple reasons. Chinese people may want a quick solution to their problem (Chang et al., 2005). They also experience more somatic symptoms as a result of mental health needs that manifest as medical needs (Guo & Hanley, 2015). Therapists have also noted that the Western approaches to therapy are not applicable to other cultures particularly those influenced by collectivist ideals (Chang et al., 2005). When these approaches are not in harmony or congruency with the individual's culture, they are less likely to develop a therapeutic relationship with the therapist, continue, and remain in therapy (Chang et al., 2005; Guo & Hanley, 2015). Lastly, individuals may avoid seeking mental health services due to a lack of privacy (Guo & Hanley, 2015). Based on collectivist ideals, it may be acceptable to share information in therapy sessions to improve harmony in society. This is important to consider before beginning therapy with Chinese people.

Services, such as psychological counseling and psychotherapy are mostly available in populous areas in hospitals. These services are also being applied in inpatient, outpatient, and day programs. People look to therapy to help with school issues, family needs, insomnia, and other needs (Chang et al., 2005).

Therapy has become more common in China due to Western media and globalization (Chang et al., 2005; Guo & Hanley, 2015). Through media outlets, Chinese people have

observed the emotional expression and communication in Western culture. Therapy may have also become more common, because it is relatively inexpensive. Therapy costs about five dollars for a 10-15 minutes session. Where acculturation of Western and Eastern cultures exists, it is likely that Chinese clients will look to therapy as a self-investment rather than a quick fix.

While there has been movement in uses of therapy, there are still some issues in translation from English to the Chinese languages (Chang et al., 2005). Talk therapy is known as *xīnlǐ zīxún* and *xīnlǐzhìliáo*. These terms in Chinese culture cover a variety of services in mental health. *Xīnlǐ zīxún* is the term used for psychological counseling, and *xīnlǐzhìliáo* is the term used for psychotherapy. In 2005, most therapists in China were either physicians or individuals with a background in psychology and education. Many individuals also had very little training in comparison to Western standards. Li and Vivian (2010) noted that one of the barriers to therapy was the lack of counselor skills.

Therapeutic Relationship

Clients may expect the therapist to offer direct guidance on issues (Chang et al., 2005). When the therapist is direct, it informs the client that the therapists are competent in their work (Epstein et al., 2012; Guo & Hanley, 2015). The therapist is often expected to build a rapid rapport with the client knowing that the relationship may not grow (Chang et al., 2005).

Therapeutic relationships need to have *guānxi* before the relationship can be formed (Guo & Hanley, 2015). *Guānxi* is a relationship with another in society and is important when interacting with others (Guo & Hanley, 2015). In greater detail, it may be a form of networking with others or a mutual contact (Lauw, 2016). *Rénqíng* and *gǎnqíng* are two parts of *guānxi*. *Rénqíng* is the requirements of maintaining the relationship, and *gǎnqíng* is the depth or how much someone is willing to help the other person.

Guānxi may be difficult to obtain if the client and therapist have problems communicating or are from different cultures (Lauw, 2016). As a result, it may take more time to form. It may be obtained through a third individual who already knows the client. Tse et al. (2012) suggested that this could be done using a befriending strategy. Some clients may expect therapists to offer prescriptions, because therapy is based on a medical model (Chang et al., 2005). In the music therapy literature, multiple therapists have stated that Chinese older adult clients seem to want music therapy, but still declined when offered (Lauw, 2016). Referring to Chinese older adult clients as *pak*, *shuk*, *jie*, *yee*, or *por*, which are uncle, sister, aunt, or grandmother in English, shows clients respect in their Chinese.

Types of Therapy

Several types of therapy are occurring in populous and urban areas in China, such as Hong Kong, Shanghai, Beijing, and Macau (Gao et al., 2013; Lai et al., 2016). Some of these therapies are marriage and family therapy, psychological counseling, school counseling, social work, and music therapy.

Marriage and family therapy. Marriage and Family Therapy attempts to understand people in interdependent systems rather than as an independent unit (Tse et al., 2012). Marriage and Family Therapy therapists work to change the system of families and “the relationship or interactional patterns, the family members’ roles to each other, and the family system’s structure and rules” (p. 117).

Psychological counseling. According to Hou and Zhang (2007), the definition of psychological counseling is not clearly defined in China. Because it has been difficult for professionals to translate and distinguish psychological counseling from psychotherapy and vice versa, I have included the definition from the American Psychological Association. “Counseling

psychology addresses the emotional, social, work, school and physical health concerns people may have at different stages in their lives, focusing on typical life stresses and more severe issues with which people may struggle as individuals and as a part of families, groups and organizations” (American Psychological Association, 2017). Counseling psychologists assist individuals in their areas of need through assessment, treatment, and diagnosis of disorders.

School counselors. To support the psychological needs of student in the education system in China, school administrators have hired counselors and school counselors to provide services in the school setting (Epstein et al., 2014). These services have also been introduced as a mental education course that are led by school counselors (Shi, Liu, & Leuwerke, 2014).

Social work. In China, social work can be directly translated from its English counterpart, but it is referred to as “various activities taking place under a planned system and generally undertaken by government agencies, enterprises, and public institutions” (Sibin, 2013, p. 10). Social work is any community service where an individual is not paid, any responsibilities that are outside the person’s occupational tasks, or as professional social work practice by professional agencies.

Music therapy. Music therapy is a profession that has foundations in multiple fields including music, psychology, biology, social sciences, and disability studies as seen in the education training requirements for music therapists (American Music Therapy Association, 2017a). Music therapists work with a variety of populations including children and adult with developmental disabilities, babies in neonatal intensive care units, adults in medical care, patients with psychiatric diagnoses, and older adults just to name a few (American Music Therapy Association, 2017c). Music therapists also work in a variety of facilities including schools, psychiatric facilities, day facilities, hospitals, nursing homes, and in in home care

(American Music Therapy Association, 2017b). Music therapists use a variety of therapeutic theoretical orientations, models, and approaches, such as behavioral, person-centered, psychoanalytic, and humanistic (The Certification Board for Music Therapists, 2014).

Music therapy was first recorded and documented in the United States in 1832, and so the profession is known to draw its values and culture from the West (Leung, Wilson, Roth, & Smith, 2014). According to the “AMTA 2012 Member Survey and Workforce Analysis,” white female professionals dominate the music therapy field (American Music Therapy Association, 2012). Even though the music therapy profession contains mostly white women and was first documented in the United States, the field of music therapy is steadily expanding to other areas of the world (Mahoney, 2015). In 2011, the World Federation of Music Therapy (2014) reported that music therapists were practicing in eight areas of the world: North America, Australia/New Zealand, South East Asia, Africa, the Western Pacific, Eastern Mediterranean, Latin America and Europe.

Models and Approaches to Therapy in China

Early developments of therapy in China focused on behavioral, cognitive, and inside-oriented models of therapy (Chang et al., 2005). Other forms of therapy were also being used including biofeedback, supportive therapy, Morita therapy, music therapy, hypnosis, family therapy, and client-centered therapy. The most common models of therapy in the early 1990s were the behavioral, psychoanalysis, and cognitive models with behavioral being the most common approach. Miller and Fang (2012) suggested that a systemic family therapy model needed to be adapted as it already contains aspects that are in line with the Chinese culture, such as connection in the family, the process between generations in the family, wholeness, and views

based on the current context. Epstein et al. (2012) recommended that therapies with humanistic qualities be adapted more for individuals of Chinese culture.

This adaptation can be difficult for any Western trained music therapist. Shibusawa (2008, p. 379) talked about her sense of “betrayal” when trying to make sense of her and her clients’ cultures through Western approaches. Before introducing a Western music therapy practice, music therapists must understand the social context where they want to practice (Beer, 2015; Bolger, 2012).

Behavioral, cognitive and CBT models. The behavioral model is the most popular approach to therapy in China (Chang et al., 2005). The behavioral model employs a direct approach. The cognitive model was developed by Beck (Chang et al., 2005). Clinicians see clients for 30 minutes or less, and may prescribe medication for depression or herbs of Traditional Chinese Medicine. Researchers and clinicians have made claims that the behavioral model of therapy is a practical application in conjunction with Chinese culture. Chinese Taoist Cognitive Psychotherapy (CTCP) is an adapted form of cognitive therapy that is based on the four important principles of Taoism (Chang et al., 2005). This form of psychotherapy uses 15 one-hour sessions during a 6-month period.

Cognitive behavioral therapy (CBT) combines aspects of the cognitive and behavioral models of therapy (Guo & Hanley, 2015). The therapist works with the client in altering negative thought patterns. In order to support the client, the therapist needs to consider how to be flexible and adapt typical “I” statements to include statements about the family or community. Unlike some approaches to therapy, CBT is a direct approach and may include homework for clients to complete outside the clinical space. CBT has been used to treat many diagnoses including depression, anxiety disorder, and post-traumatic stress disorder (PTSD).

Few studies have been conducted to understand the adaptation of CBT for Chinese clients (Guo & Hanley, 2015). This is surprising since CBT is used as a therapy model across China. One way that CBT can be adapted is by changing the language being communicated to the client. For instance, the words “automatic thoughts” may be better explained as “thought traps” (p. 57). Therapists can also translate information about CBT into the Chinese language for clients, and can exhibit more power initially in sessions.

Many researchers and clinicians suggest that this model of therapy may be a good fit when working with Chinese people, because it is less focused on the expression of emotions and more on doing homework and assignments (Guo & Hanley, 2015). As CBT is focused on learning and education, it may also be a good fit since education is of high value to people in China. Even so, the researchers found that there was a low completion of homework by clients. This shows that homework needs to also be adapted to meet the cultural needs of Chinese people in therapy (Epstein et al., 2012; Guo & Hanley, 2015).

Insight-oriented therapy. There is incongruence between Chinese culture and insight-oriented therapy (Chang et al., 2005). Chinese people are more likely to repress than express emotions, and this therapy focuses on affective and unconscious needs of clients. The therapeutic relationship is also lessened in insight-oriented therapy due to the values of China’s collective culture. To meet the cultural needs of the Chinese people, cognitive-insight therapy was created with a shortened therapy process. Unlike the original approach, family members were also included.

Psychoanalysis. According to Chang et al. (2005), psychoanalysis is a model of therapy that remains in an early stage of development in China. This may be due to its emphasis on unconsciousness sexual desire in Freud’s original model (Tse et al., 2012).

Psychological consultation model. Because individuals of the culture may want a shorter treatment model, a psychological consultation model may be appropriate (Chang et al., 2005). These therapy sessions are short and are usually 10-20 minutes long and are directive. The service provider has the option of prescribing individuals prescription medication. This model remains different from Western therapy in that appointments are not made following the initial treatment. The goal of treatment is remediation of symptoms instead of developing the self. This is line with collectivism. A therapeutic relationship cannot thrive in this model, but the service provider may need to develop a rapid rapport. This model may have some relation to the solution-focused brief therapy model by deShazer and Berg (1986).

Satir's experimental family therapy. Satir's model of therapy is based on the humanistic model and experiences in the present (Epstein et al., 2012). Therapists may use role-play, family sculpting, psychodrama, art of the family, and the identification of challenging emotions. The second and third levels of the Satir model align well with factors in Chinese culture including harmony and striving for wholeness (Epstein et al., 2012; Li & Vivian, 2010). The model shifts the focus from doing to being. The Satir model was originally created in the West and incorporates the individualist ideal in its structure. This is incongruent with individuals who seek to do what's best for the community. They are happier fulfilling these needs rather than fulfilling their own (Epstein et al., 2012). The model also shows a relationship between the mind, body, and spirit. This follows the belief of Chinese people that the mind can affect the body including parts that control emotions. In the study by Li and Vivian (2010), they discovered that the Satir model was effective in creating positive changes in 16 clients during a short-term period. They noted that all of their clients became more responsible, congruent, made better decisions, and displayed higher self-esteem.

Solution-focused therapy model. Similar to the Psychological Consultation model, this model serves to provide quick relief (Epstein et al., 2012). The family within this model already has the means to overcome the problem. The therapist works with the family to change negative patterns.

Contextual therapy. This is an approach that has been utilized in Marriage and Family Therapy. The model has been adapted to mimic the Chinese family system, and it may help the families to understand their family unit within different collective groups (Dias et al., 2011). Through this model, it is suggested that families need to be given perspectives of their systematic environment as well as a perspective of their family in their culture.

Chinese Musical Tradition

There are many genres of music that Chinese people listen to in China including folk songs, revolutionary songs, Chinese classical music, Western classical music, Chinese pop, and Chinese rock (Latham, 2007). Music is often based on the region in China where people live or where people are from. This needs to be considered to avoid overgeneralizations about preferred Chinese music.

Music in China has existed for over 5000 years, but there are few texts to support this ancient music (Latham, 2007; Ng, 2015). One of the most important music texts in China is “The Book of Songs,” a book of folk songs that were written between 1000 and 700 B.C (Latham, 2007). Much of this music had been used in traditional ceremonies in the Zhou dynasty. Although few scores of music have been found, thick descriptions of traditional Chinese instruments are plentiful (Ng, 2015).

The Cultural Revolution had a major impact on Chinese music. Composers during the Cultural Revolution were restricted to music composition that was approved by the government

and Chairman Mao. This music was created to encourage others to fight the enemy and support their government leader (Ng, 2015). Even some songs and operas were adapted to meet the needs of the government. Genres, such as rock music were seen as rebellious. In the late 1980s, composers in China began to incorporate aspects of the Western orchestra including the use of Western instruments with traditional Chinese instruments.

As Western classical music began to influence traditional Chinese music, young people began to listen to more pop and rock music from Taiwan and Hong Kong (Latham, 2007). Other Chinese artists also began composing music that was influenced by the West. Music during the late 1980s had both political and “politically neutral” themes (p. 336). To understand political messages in song, the lyrics, the music, the history of the artists who created the music, and the cultural context of those listening were all important. Neutrality could be heard in “Cantapop” love songs in Hong Kong (p. 336).

Chinese Folk Songs

Cultural context is also important in learning Chinese folk songs. Folk songs are context specific. They are specific to a rural region or community (Latham, 2007). Chinese folk songs known at the national level and incorporated into pop music were used for political and entertainment purposes. Folk music is often associated with weddings, funerals, celebrations, and festivals including the Chinese New Year, Dragon Boat Festival, and the mid-autumn festival. Chinese folk songs usually carry themes of “love, work, seasons, crops, fertility, and harvesting” (Latham, 2007, p. 338). In some parts of China, folk songs and dancing were used to ask for good crops or a better life from deities. The preference of folk songs may be more prevalent in rural China than in urban areas where other forms of entertainment are available to the younger Chinese generation.

Chinese Revolutionary Songs

During the Cultural Revolution, in order to gain support of rural China, the Chinese Communist Party used revolutionary songs and traditional Chinese opera to send political messages (Latham, 2007). These revolutionary songs were created from traditional Chinese folk songs and were played through public media outlets to the Chinese public. Today, this genre of music is thought of as nostalgic rather than utilized for a political agenda.

Chinese Opera

Chinese opera is very different from its Western counterpart (Latham, 2007). There are different types of opera including Beijing opera, Sichuan opera, Cantonese opera, Shanghai or Zhejiang Yue opera, and Chaozhou opera. Operas, like folk songs, vary depending on the region. Beijing Chinese opera is recognized at the national level and is sung in Mandarin. Cantonese opera is typically found in Hong Kong and Guangdong province. Both types of opera incorporate the *píhuáng* musical form. Unlike Western operas, it uses spoken words and singing. The storyline of the opera falls second to the performance of the performers and their singing, acting, movement, or humor. It is typically not a realistic story, but contains other aspects important to theatre including makeup, costumes, movement, and voices. Chinese opera troupes found great challenges after the Cultural Revolution and the rise of access to technology in China.

Chinese Classical Music

Traditional Chinese Classical Music is performed solo, in small groups, and in orchestras (Latham, 2007). Some instruments akin to this tradition of classical music are the *pípa*, *ruǎn*, *gǔqín*, and *zhēng*. The *pípa* resembles the Western lute with four strings and 30 frets. The *ruǎn*

the preliminary instrument to the *pípa*, also resembles the Western lute. Both instruments are played by plucking. See Figure 1 for a photograph of a *pípa*.

The *gǔqín* looks like a zither with seven strings. In history, it was associated with the high class in China. The *zhēng* also known as the *gǔzhēng* is another instrument that looks like a zither. This instrument is plucked and has bridges that can be moved along its soundboard. The *yángqín* is close in family to these, but is played with bamboo sticks. See Figure 2 below for a picture of a *guzhēng*.

Traditional Chinese Opera also employs musicians who play traditional Chinese instruments. The most important instruments in opera are the gong, drums, woodblocks, and cymbals (Latham, 2007). The *húqín* or *érhù* also take an important role in opera and typically play the melody. These are string instruments similar to the violin that contain two strings and no fingerboard. See Figure 1 for a photograph of an *érhù*.



Figure 1. Musicians play the *zhongruan*, *guzhēng*, *pípa*, and the *érhù* from left to right in Beijing, China.

The *pípa* or *yuèqín* have also been known to play the melody in operas (Latham, 2007). Wind instruments have a role in Chinese opera. The *suǒnà* is sometimes used and resembles the

Western oboe. It is played in a small band at cultural celebrations. Transverse flutes, such as the *tizi* or *xiāo* take on a lesser role in the music.

Western Classical Music

Orchestras in China also play Western classical music. Although Chinese traditional and Western Classical music are less popular than other genres, schools and conservatories in China are reputable in training classical musicians (Latham, 2007). Western classical music has a strong history in China with it being first introduced by missionaries to Chinese emperors. Even though classical music originated from the West, Chinese people may not consider it foreign. Some Chinese composers will incorporate aspects of one or both classical traditions.

Gǎng Tái and Mainland Pop Music

In the late 1970s and 1980s, a new form of music emerged in China (Latham, 2007). This early form of Gǎng Tái and Mainland Pop Music was smuggled from Taiwan and Hong Kong into China. Some popular artists during this period were Deng Lijun, Andy Lau, Leon Lai, Jacky Cheung, and Aaron Kwok the last four falling into the “Cantopop” scene (p. 342). Deng Lijun’s music was considered rebellious for its day. Her music was the first in that generation to display emotional expression in the music and avoid political purposes. Other artists that may still be popular in China are Miriam Yeung, Eason Chan, Edison Chen, Joey Yung, and Fish Leong. These artists and other pop artists typically sing love songs, which is the major theme of Chinese pop music. Music became more commercialized in the 1980s. Other musical technologies, such as karaoke, CDs, and MP3 players have been introduced to the Chinese market.

Chinese Rock Music

Chinese rock music is thought to have been the genre of music that was most involved in politics during different periods of time (Latham, 2007). Because of its political messages, Chinese rock music has gained attention from international listeners. It also has connections with literature, art, and poetry from that period. Like Chinese pop music, Chinese rock music also became popular when music was smuggled into the country.

During the heat of the political movement in the 1980s, rock music was banned from television and public media (Latham, 2007). One of the most popular artists of Chinese rock music was rebellious Cui Jian. His music promoted ideals of the West including individualism and the expression of emotions. Cui Jian had to maneuver and work with the government restrictions at the time. Because of this, the political messages and themes within his music were covered up. He even used revolutionary songs, such as the “Nanniwan” to disguise his political messages. His music is often connected with the democracy movement and Tiananmen Square. Unlike pop music that had themes of love, rock music was used to vent anger and frustration toward the Chinese government. Other popular bands and artists in Chinese rock music are 1989, Cobra, Tang Dynasty, and Breathing. When pop music was introduced, the popularity of Chinese rock music began to wane.

There is a rich tradition of music in China that goes back thousands of years. While Chinese People have their traditional Chinese music in traditional Chinese classical music, Chinese opera, folk songs, and revolutionary songs, they may also listen to music that was influenced by Western cultures, such as Western classical music, Chinese pop music, and Chinese rock music. All of these genres of music were influenced by the historical makings of

the country of China during the Chinese Revolution and other events. The advancement of technology also gave Chinese people more access to the music of Western culture.

Music therapists that work or plan to work with Chinese clients would benefit from understanding the nature and correlation of historical events in China to the life of their client. This may help inform music therapists pinpoint client-preferred music. Music therapists also need to take into consideration the area where their client is from, because music, especially folk songs are specific to regions in China.

Cross-Cultural Music Therapy with Chinese Clients in the West

Cross-cultural music therapy is defined as “music therapy practice in which important cultural differences exist between the therapist and client/s and/or among the clients themselves” (Ip-Winfield & Grocke, 2011, p. 61). Stige (2002) and dos Santos (2005) believed that the uniquely cultural individual, the group they were in, and their community all needed goals in music therapy (Gadberry, 2014).

Because many Western countries now include more diverse individuals, cross-cultural work can take place in a music therapist’s home or native country. The majority of the literature on cross-cultural music therapy with Chinese clients is in Australia (Ip-Winfield et al., 2014; Lauw, 2016; Yeung, Baker, & Shoemark, 2014). As cross-cultural music therapy continues to become a popular method in working with diverse groups in the literature, it is hoped that more music therapists will work and document their work with Chinese clients.

Australia. In Australia, music therapists worked with older adults who were Chinese migrants. Ip-Winfield and Grocke (2011) surveyed music therapists to understand group music therapy methods with diverse individuals in Australia. They discovered that music representing the Chinese culture was limited in Australia. Yeung, Baker, and Shoemark (2014) looked even

closer at song preferences of Chinese older adults in Australia. A total of 49 preferred songs were collected from participants that represented six genres of music. The six genres were religious, popular, folk, Chinese opera, patriotic, and other. The songs also represented six languages Mandarin, Cantonese, English, German, Hakka, and Latin. Popular songs were the most popular genre of older adults. Three songs that were identified as preferred music in this study and a similar study were “Moon represents my heart” “Night of Shanghai” and “Jasmine Flower.” Another finding was that individuals who spoke Cantonese typically preferred songs that were in their language. Other individuals who spoke another language preferred more songs outside of their language.

Ip-Winfield et al. (2014) looked at five items in cross-cultural work including family-centered practice, cultural sensitivity, therapists who speak more than one language, specific music to cultures, and therapists who provide resources for individuals. The researchers developed a music listening program for adults who were cared for at home. Through this program, they were interested in improving client mood, caregiver satisfaction, and worker satisfaction. Ip-Winfield and researchers (2014) developed their music listening program specifically for older Chinese migrants. Music therapists identified preferred music of the participants through surveys before distributing recorded music. This created a new and needed resource in Australia. By using family-centered practice and providing music therapy to multiple familial generations, the researchers were culturally sensitive and empathetic with the older adults and their family. They also collaborated with the family caregivers.

In a third exploration of music therapy with Chinese older adults, Lauw (2016) described *miànzì* and influences on the therapy process. While many Chinese clients prefer direct approaches in therapy rather than a person-centered or humanistic approach, Lauw suggested

that in order to respect Chinese older adults music therapists need to be direct style without being too forceful. Chinese older adults in the facility where she provided services would watch music therapy from a distance. Some moved further away if the music therapist made eye contact with them. When asked to talk about song preferences, the participants appeared to feel uneasy.

Canada. At a geriatric care center in Canada, Kwok (2004), studied the music therapy intervention preferences of Chinese older adults with Alzheimer's disease. The music therapy interventions she explored were singing, instrument play, movement, improvisation, and musical games. Her study was a replication of a previous study (Brotons & Pickett-Cooper, 1994), but instead she used Cantonese and Mandarin Chinese for all communication with the patients. Her study was also different from the first study in that she used Chinese music instead of North American music. For instrument play, Kwok brought rhythmic sticks, drums, tambourines, maracas, and jingle bells. During improvisations, she encouraged participants to play glockenspiels or piano with a pentatonic scale marked. Preferences of Chinese older adults with Alzheimer's were determined by analyzing the duration of participation for each individual from a video recording. While patients participated in all interventions, Kwok found that participants preferred musical games, improvisations, dance and movement, instrument play, and singing in that order. In her study, she also learned that the verbal preferences and behavioral preferences of these patients were not congruent. Kwok also noted that patients enjoyed music therapy interventions by making eye contact and interacting with the music therapist.

United States. In New York City, music therapy was utilized in a medical setting to help patients of different cultures to understand more about their cultural identity (Mondanaro, 2016). The music therapist believed that this would improve the patient's coping skills in the medical setting. With a Chinese patient, Lydia, the music therapist encouraged her to talk about her

Chinese name. Many Asian Americans change their names to a common North American name to make it easier for others to pronounce their name. Some Asian Americans also change their name in order to avoid explaining what their name means in their culture. In changing her name, Lydia experienced a split in her identity. In reincorporating this aspect of herself, Mondanaro felt that her confidence in her cultural identity would help her in managing psychosocial factors and her diagnosis of lupus. Mondanaro brought musical instruments of the Western and Eastern tradition to facilitate this theme of acculturation, which Lan had experienced.

At this time, there is not enough literature to understand how Western-trained music therapists adapt and modify therapy practices to meet the Eastern cultural needs of their clients. Beer (2015) suggested that Western-trained music therapists returning to China need to understand their work environment, modify ways of communicating, and consider how to create goals and objectives that meet the needs of places where they want to or currently work.

The way songs are written will vary depending on individuals in collectivist versus individualist cultures (Baker, 2015). Individuals in collectivist culture will most likely write songs focused on humbleness rather than autonomic natures of pride. If and when the individual expresses emotions in songwriting, the music therapist needs to understand how their emotion relates to their culture.

Music Therapy in China

Currently, there are multiple forms of music therapy utilized in China. There is Western music therapy and music therapy developed in China based on Traditional Chinese Medicine and the Five-Element Theory. There remains a conflict in China between music therapists of the Eastern and Western tradition. Because there are few studies of Western music therapy in China,

there remains a lot of uncertainty of who, where, and how music therapists work with clients in China.

History

Professor Bangrui Lui began to utilize music therapy in China in 1979 (Li, 2015). There are two music therapy organizations in China, The Chinese Society of Music Therapy (CSMT) and the Chinese Professional Music Therapist Association (CPMTA) (Zhang, Gao, & Liu, 2016). The CSMT is comprised of mostly non-music therapists who are interested in utilizing music therapy as a method in their practice. The CPMTA oversees training and administers the certification exam to qualified music therapists to become a Registered Music Therapist under the model of the United States certification and training programs. There is also a group of music therapists that remain unofficial in China called the Chinese Music Therapy Alliance that was also developed as a supportive system for new music therapists in the field in China.

The first Western-trained music therapist in China was Professor Tian Gao who graduated from Temple University in the United States (Zhang et al., 2014). When he returned to China, he began the first graduate music therapy program at the China Conservatory of Music (CCOM) in 1997. CCOM already had a music therapy training program that was created by Hongyi Zhang in 1989. Later in 2002, a Bachelor's degree was also created. There are a total of 13 music therapy programs in institutions of higher education in China.

Current State

According to Zhang et al. (2014), music therapists work with individuals in “psychiatric hospitals, rehabilitation centers, general hospitals, maternity hospitals, communities, rehabilitation centers for substance abuse, private music therapy centers, and NGOs” (p. 69).

Two centers where music therapy is provided as a service are the Gao's Music Therapy Center in Beijing, China and the Yueling Center for the Development of Philanthropy in Chengdu, China.

There are many misconceptions about music therapy due to other forms of music therapy taking place in China (Beer, 2015; Hsiao, 2011). This is also the case when individuals in China want to be a music therapist without university training. Facilities may hire these individuals instead of trained music therapists to provide presentations or services. Hsiao (2011) also discovered that music therapists who return to China may not have the opportunity to work in their preferred settings.

Eastern Music Therapy

This second type of music therapy usually occurs in the form of a music listening program that contains the five elements of music (Chen et al., 2015; Li, 2015). Music for this type of music therapy is often played on Chinese traditional instruments. The music is characterized as being in a minor key, having a slower tempo, simplicity of harmony and melody, and regularly uses G flat and A flat believed to help an individual reach a relaxed state. A listening program can also be used with vibro-acoustic therapy, which combines auditory and sensory stimulation to the patient (Li, 2015).

In one study, researchers of this method found that a musical listening program improved cancer patients' quality of life using both Eastern and Western music (Liao, Yang, Cohen, Zhao, & Xu, 2013). The researchers chose music that was composed Chinese folk music that contained five tones. For the Western music, a song by artist Chris Rea was selected. It was selected, because the melody had five tones as well or (1,2,3,5,6) as Liao et al. (2013) stated.

In a study by Chen, Hannibal, and Gold (2016), they studied the effect of Eastern music therapy on nursing students with depression. The researchers split participants into two groups.

One of these groups received Eastern music therapy sessions by listening to recordings of music. The researchers found that Eastern music therapy significantly reduced levels of depression in nursing students with depression.

Western Music Therapy

Western music therapy has been introduced to China by Chinese music therapists, such as Dr. Gao who have studied abroad and returned to China (Zhang et al., 2014). Western-trained music therapists have acknowledged that the music therapy of the West is not the best fit for working with individuals and families in Asian countries (Beer, 2015). Despite this acknowledgement, there is little information about how Western-trained Chinese music therapists have adapted therapy models for individuals of Chinese culture. Below are articles in the literature about music therapy and music therapists in China.

Sichuan earthquake survivors. In a combined effort, Gao et al. (2013), provided music for Sichuan earthquake survivors during the first two months after the earthquake. Dr. Gao, the music therapy educator, and his students described their experience. Music activities were chosen rather than music therapy, because Dr. Gao thought it would be more beneficial. The survivors had the option of going to concerts and/or music groups. Upon their arrival, students began their work with the earthquake survivors by playing a concert in hopes of building a rapport with individuals (Gao et al., 2013). Large music therapy groups of 40-50 students were conducted in the school setting. The student volunteers used music interventions including a hello song, various music activities, such as music and movement, singing, Orff, songwriting, improvisation, and music games, and a goodbye song. Instruments included guitars, drums, egg shakers, and bells that were brought with student music therapists from Beijing. Student volunteers reported that many of the survivors of the earthquake seemed to enjoy the music as

they were observed clapping, singing, and sometimes crying. Through these observations and others, such as verbal appreciation, the students believed that music helped the survivors of the earthquake. Student volunteers also noted the pressure of providing music to the earthquake survivors since music therapy was a new concept in China. Dr. Gao and the student volunteers avoided calling themselves therapists possibly for this reason and also so that survivors of the earthquake did not believe they were being treated as patients.

Prisoners. In the development of a music therapy protocol for prisoners in Beijing, China, Chen et al. (2014) described its possible positive outcomes on anxiety, symptoms of depression, and self-esteem. Interventions, such as songwriting, music and imagery, and improvisation were incorporated into the protocol. The therapist utilized an existential and humanistic orientation with this protocol. The orientation was a good fit for the music therapy practice and study since it is closely aligned with the goals of this study.

Upon completion of the protocol, 192 prisoner participants were randomly assigned to either the music or no music group (Chen et al., 2016). Music therapy was provided twice a week for a total of 20 sessions. Each session lasted 90 minutes. The music therapist used the following music instruments were participants: piano, guitar, glockenspiel, African drums, cymbals, tambourines, and xylophones. There was no mention of traditional Chinese instruments used in the study. Three techniques were used in the study including music and imagery, improvisation, and songwriting. The study's results show that music therapy helped alleviate anxiety, depression, and improve the self-esteem of Chinese prisoners. Younger prisoners improved more quickly in anxiety and also improved more in self-esteem measures.

Patients with dementia. Lai et al. (2016) studied the use of music with movement (MWM) intervention with people and their families. MWM only utilizes gross motor

movement. This is an appropriate intervention for individuals with dementia who have shown a decline in communication skills, but are still mobile. The focus of this intervention is not necessarily on just motor goals, but it may be used for social goals in interaction with others. The researchers used this music intervention to explore its use in reducing anxiety and improving sleep in people with dementia. A Chinese music therapist trained staff at two senior centers.

In designing the MWM, movement experiences, such as the following the movements of another and Tai chi were incorporated (Lai et al., 2016). The music therapist created the MWM based on music therapy theories and models, her experience working with the population, and feedback from other professionals on the team. Chinese songs between the 1940s-1980s were used. Feedback from those implementing or observing the MWM noted that it was too structured, and unfortunately was not able to meet the needs of all individuals. There were few song choices. The feedback gave the researchers an opportunity to rework the MWM and now there are extra supports available for patients and their caregivers.

The Bonny Method of Guided Imagery and Music (BMGIM). Hanks (1992) first discussed the use of the Bonny Method of Guided Imagery and Music with Chinese clients in her comparative phenomenological study in the United States and Taiwan. Participants in his study listened to both Western Classical and Traditional Chinese Classical Music excerpts that were developed by her. While participants were from two different cultures, Hanks found that they often responded in similar ways to the music.

Three programs of Chinese music have been created to use in the Bonny Method of Guided Imagery and Music (BMGIM) with Chinese clients abroad since Hank's study (Ng, 2015). They are called "Harvest," "Springs," and "Reminiscence." These were in response to Ng's clients requesting Chinese music in their BMGIM sessions. According to Ng, the goal of

the program is to “explore what the client has gained in their life and bring it back as spiritual resources for the client” (p. 327). The program is best for individuals at a moderate to high energy level, and it may also be used for beginner travelers.

Six participants agreed to travel the pilot program (Ng, 2015). Many of the participants experienced similar images to the program including water, feeling poor, quiet, helpless, and positive feelings before the closing music. Two of the participants described the music in relation to Chinese history including the Cultural Revolution. Two participants felt that the program was congruent and “belonged” (p. 327) to them, while the remaining two chose not to give feedback about the music. Music therapists using this program in BMGIM may find that it helpful in building a rapport with their clients since they are using music that may resonate more with their culture.

Music remains important to Chinese people as heard in their tonal language, its basis and use in Traditional Chinese Medicine, Five-Element theory, and other healing practices (Chen et al., 2015; Latham, 2007; Li, 2015). Chinese people enjoy multiple genres of music including traditional Chinese classical music, Western classical music, Chinese opera, Chinese folks songs, revolutionary songs, Chinese pop music, and Chinese rock music (Latham, 2007). This shows us that Chinese people may like music from Western and Eastern traditions. Because much of the Chinese culture is grounded in concepts of music, music therapy may be an important resource and tool in treating Chinese clients with various needs (Chen et al., 2015; Li, 2015).

Several music therapists have already noted their work in and outside China with Chinese clients (Chen et al., 2014; Chen et al., 2016; Gao et al., 2013; Hanks, 1992; Lai et al., 2016; Mondanaro, 2016; Ng, 2015). Although music therapists have yet to identify how music therapy practice needs to be adapted for the Chinese culture, other therapy practices, such as marriage

and family therapy and counseling are already working toward this goal (Epstein et al., 2012; Epstein et al., 2014; Tse et al., 2012).

In adapting music therapy practice for individuals of Eastern contexts, music therapists need to become more aware of multicultural issues in working with Chinese clients and the cultural empathy necessary to be a multiculturally competent therapist (Baker, 2015; Brown, 2002; Hadley & Norris, 2016). Music therapists also need to consider instruments that are important to the Chinese people and their culture. For unknown reasons, music therapy studies in China used instruments that were developed in the West or other countries. A key to this adaption of Western music therapy may also lie in the intention and use of Chinese traditional instruments.

Needed Explorations of Music Therapy in China

As stated previously, there is little literature about music therapy in China. There remains a broad area of music therapy that is unknown and uncovered in China and with Chinese populations. Some gaps in the literature that will be considered in this study are music therapy with children in special education, individuals and families at end of life and in spiritual care, individuals with substance abuse, and individuals with psychiatric illnesses.

Chapter 3

Method

In this chapter, I discuss the research design; participants; information about me, the researcher; settings; ethical considerations; and the procedure for my study. I also talk about the various sources and types of data collected.

The Research Design

I utilized an ethnographic research design to assist answering research question. I followed the research designs of previous studies (Ledger, 2010; Stige, 2010; Stige & Ledger, 2016). By triangulating my sources of data and the types of data collected, I improved the validity and reliability of my study (Anderson et al., 2007).

There were several types of data, such as participant observations, interviews, field notes, field recordings, and artifacts. I collected this data from several sources including music therapists, their clients, facility professionals, and myself. This allowed me to understand both the outside and inside perspectives of Chinese culture.

I interviewed music therapists, clients, and facility professionals about their perceptions of how Chinese culture is included in the music therapy session. These interviews along with session observations, my experiences in the community and conducting the study, and information about artifacts were recorded in my journal.

Participants

Two music therapist participants were identified through a convenience sample from communications and connections with individuals who are members of the Chinese Music Therapy Network Facebook group. To meet the requirements of this study, the music therapist participants must have been trained in the West, such as in Europe, Canada, the United States, or

Australia. The music therapist participants were emailed information about the study and my interest in finding participants. I continued to contact participants who expressed an interest in having me come observe sessions and interview them through WeChat. The participants were all Western-trained music therapists who currently live and provide music therapy services in China. Although I had also observed two other Western-trained music therapists in another city, I chose to focus my attention on these two music therapists, because they provided services at the same facility. The data collected also represented a clearer distinction of triangulation (Anderson et al., 2007). In addition to the two Western-trained Chinese music therapists in this study, two Chinese music therapists, two facility professionals, 11 clients, three caregivers, five music therapy interns, and one volunteer, contributed to the research process and these findings as a session attendee, participant, interviewee, or interpreter.

In being conscious of multicultural issues, I asked the Western-trained music therapists in this study if they wanted to choose a pseudonym for themselves. Xiao Sa chose hers (which means elegant and unconventional), and Yi Ze wanted me to choose hers since she thought it would be more fun that way. After choosing Yi Ze, which means happy and brilliant as a pearl, I confirmed with the music therapist that this was okay.

Settings

Music therapists and participants were observed or interviewed in two different departments at the same hospital in one city in China. The hospital specializes in psychiatry and psychiatric rehabilitation, in addition to dentistry. The hospital had a neurologic rehabilitation department and a mental health rehabilitation department. Inpatient and outpatients were seen on site. The hospital also had separate closed wards for men and women with mental health needs.

Please see *Figure 1* below for the representation of participants, interpreters, professionals, and sessions per music therapist.

Xiao Sa. Xiao Sa was a Chinese music therapist who studied music therapy in Europe and worked in the United States before returning to China. She had experience working in hospice, palliative care, a day care center for people with intellectual disabilities, and a hospital. She also had experience in providing music therapy to children with autism, children with Down syndrome, expectant mothers, individuals with damage to Wernicke's area, people with mental illness, and individuals with cancer. Xiao Sa was a music therapist in the neurologic and mental rehabilitation department of the hospital where she worked mostly with patients who had experienced a stroke. She also worked with one patient with mental illness, and a group in a pulmonary and cardiac department.

Yi Ze. Yi Ze was a Chinese music therapist who studied music therapy in China and Australia. She had briefly worked in Australia before returning to China. Yi Ze had experience working in a psychiatric hospital, general hospital, nursing home, and private practice. She talked at great length about her work with children, especially in the general hospital setting. Yi Ze was the music therapist in the mental health rehabilitation center where she worked with patients with schizophrenia, bipolar disorder, and other psychiatric illnesses. She also saw outpatient clients, many of whom had post-traumatic stress disorder (PTSD).

Professionals. Both professionals were doctors either in the neurologic and mental rehabilitation or the mental health rehabilitation department of the hospital. Professional 1 was a male doctor from Central China who also held an administrative position at the hospital. He worked closely with Yi Ze. Professional 2 was a female doctor from North China who worked with Yi Ze and Xiao Sa. She was also a friend of Xiao Sa's.

Interpreters

Before going to China, I asked the music therapists if they could recommend an interpreter whom they trusted. The interpreters were fundamental parts of the study, because they provided a bridge between the participants and me. Having the right interpreter was important in conducting this study for several reasons (Schwantes, 2015). Both interpreters were music therapy interns of the music therapists. Interpreters were supportive, assisted me in building rapport, and were knowledgeable about music, therapy, and medical terminology. Prior to observing sessions, I met with both of them in person or through WeChat to talk about their role in the interviews and observations. The interpreters helped me understand the nature of Chinese culture in the music therapy session in the fullest way possible.

Interpreter 1. Interpreter 1 was a female music therapy intern from a province in East China. She was training with Xiao Sa. She had just recently started her internship and was observing sessions with me.

Interpreter 2. Interpreter 2 was a female music therapy intern from a province in Western China who was training with Yi Ze. She only had a few more weeks before she finished her music therapy internship. To allow her to continue her training while I was there, she led an experience at the end of the young adult group.

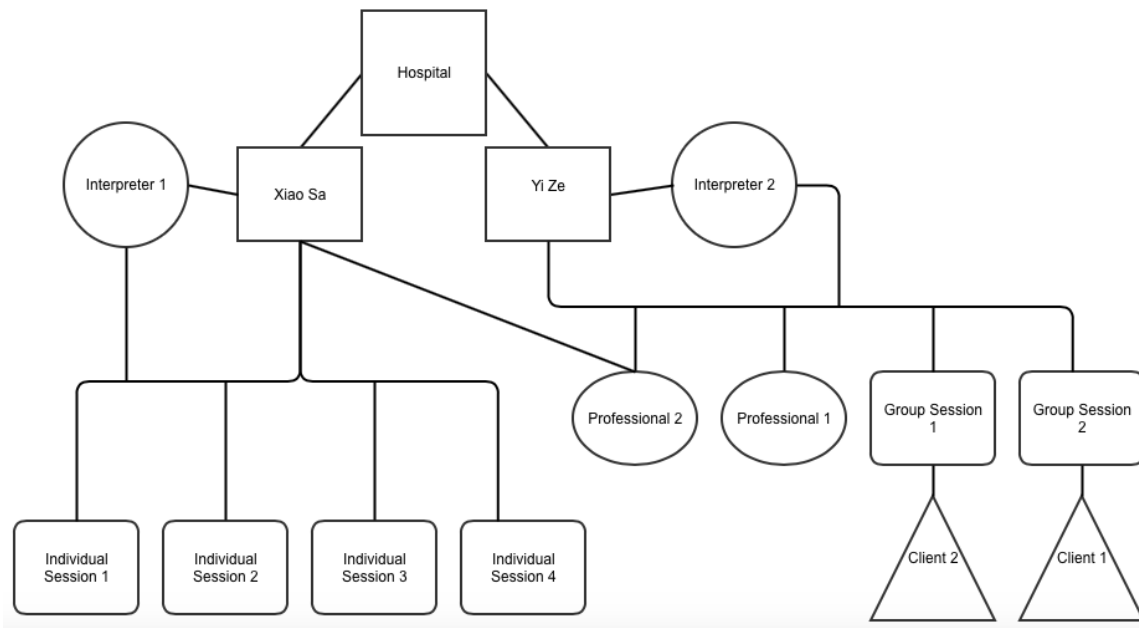


Figure 1: Setting, participants, and interpreters

The Researcher

I am a white, female, Christian, cisgender, heterosexual, and able woman. My native language is English, but I also know a little bit of French and Mandarin Chinese. I am a graduate student and music therapist at Appalachian State University in Boone, NC. I grew up in the “deep South” in Shreveport, LA. My Bachelor’s degree in music performance in flute comes from the University of Louisiana at Monroe.

I currently see adults with intellectual disabilities in the campus community for music therapy. In my training and professional work, I have worked with individuals with intellectual disabilities (ID), children with autism, adults with mental illness, preschool-aged children with developmental delays, older adults with Alzheimer’s and dementia, and typically developing adults. I have previously worked in a variety of settings including an elementary school, preschool language classroom, psychiatric hospital, group home for adults with ID, nursing

home, rehabilitation facility, general hospital, a day program for people with ID, ICF/ID facility, a local English Second Language classroom at a church, and a community center.

For this study, I took on the role of a complete observer in Xiao Sa's sessions and complete participant in Yi Ze's sessions (Stige & Leger, 2016). My role in Yi Ze's sessions changed, because I wanted to help her maintain the natural flow of sessions as much as possible. If I sat in the back of the room observing, she thought her clients would be interested in knowing who I was and may direct their attention more in my direction.

Ethical Considerations

Because China does not have an Internal Review Board system, this study underwent review through the Internal Review Board at Appalachian State University. The review ensured that the study was ethical and complied with U.S. or federal law in the United States for human subject participants (Appalachian State University, 2017).

Procedure

After the music therapists agreed to participate in the study, I sent them consent forms in Mandarin and English to read. See Appendix A. The music therapists verbally consented when I met them at the hospital or during their interviews. The music therapists notified their clients two weeks and one week before I planned to come. They also shared consent forms in Mandarin with their clients.

Observations and field notes. I observed Xiao Sa's sessions for 2 days in the neurologic and mental rehabilitation department, and observed Yi Ze's sessions for 3 days in the mental health rehabilitation department. The music therapists told me about clients that we were planning to see before we arrived for their sessions. This helped to determine if I could take data and record sessions and what type of consent was necessary.

All client participants verbally consented with an interpreter and music therapist present. Even though I had consent forms for clients to read, all clients agreed swiftly without reviewing the documentation. They were told that observations and interviews would remain confidential. Once clients approved consent for observation and interviews, I observed and recorded the session. When music therapists provided services to individuals who were more at risk in making decisions, such as patients who had experienced a stroke, I obtained consent from the individual's family member. Because it was uncertain what types of individuals the therapist saw, this created some challenges. This was challenging, because caregivers were not always in attendance. It was also challenging for me to remind the music therapists to request for consent from caregivers in a few instances. I wanted to avoid asking the music therapist, because I thought it could disrupt their and the client's therapeutic process.

During the observations, I wrote about what I saw, my thoughts, and my feelings. It was important that in my observations and field notes, I avoided critiquing the music therapists (Stige & Ledger, 2016). I wanted to use both objectivity and subjectivity within my field notes, but it was difficult to write and understand everything objectively alone by itself. For this reason, I mostly wrote objective notes for sessions. When subjectivity was recorded, I contained them within brackets. See Appendix B for the observation guide.

Recordings. With consent, I recorded observations of music therapy sessions and interviews with the music therapist, their clients, and facility professionals (Stige & Ledger, 2016). These recordings gave me an opportunity to return and review observations later during the data analysis.

Xiao Sa's sessions. I observed and recorded four sessions that were facilitated by Xiao Sa. These were all individual sessions. For four of these sessions a caregiver attended. Consent

of a caregiver was needed in three of those sessions because the patients had severe cognitive impairments.

Session 1. In this session, Xiao Sa saw a Chinese man who said he was ill and complained of a cough. The medical tests showed that he was healthy and could not locate a reason for his medical illness. Xiao Sa facilitated a music and imagery experience and asked the client to imagine a place of somewhere he had been or somewhere in his imagination. The patient had no cough during the music therapy experience. After the music and imagery experience, Xiao Sa discussed and encouraged the patient to talk about his imagery experience.

Session 2. This session was for a Chinese woman with severe cognitive, communication, and physical needs. She was confined to the bed, and her husband was with her. To facilitate communication, Xiao Sa encouraged the client to blink her eyes so many times per session. After the woman indicated that she wanted something to drink by blinking her eyes, the music therapist had the caregiver give tomato juice to the client. The music therapist reflected in song what the client was doing as the client drank the juice by singing “You can bite tomato. It is red.” As she sang, Xiao Sa gestured and moved her mouth to encourage the client to suck the juice.

Session 3. Xiao saw a Chinese woman that was a member of the pulmonary and cardiac group. She was the only client to attend. Her needs were related to her cardiovascular health, and the music therapist sang and prompted the client to sing “o” with her while she rode an exercise bike. Later, Xiao Sa also facilitated a singing a call and response experience with the client. This session was in collaboration with physical therapy.

Session 4. A Chinese man with communication and cognitive needs was the client in this session. His wife attended the session with him and provided consent. Xiao Sa sang about the color of the room and the colors of the bells in song. Then, she prompted the client to play the

right colored bell or say a bell's color. For example, Xiao Sa sang about red bell using the lyrics, “*Hóng sè zài nǎr lǐ?*” In English this means: “Where is the red one?”

Yi Ze's sessions. I observed and recorded five sessions that were facilitated by Xiao Sa. These were all individual sessions. For four of these sessions a caregiver attended. Consent of a caregiver was needed in three of those sessions, because the patient had severe cognitive impairments.

Session 1. This was a session for three middle-aged adults who had schizophrenia and were inpatients at the hospital. In addition to the music therapist, there were two interns who assisted during the session. A hello song, a movement and social game, and singing of song followed by a discussion were facilitated with this group.

Session 2. During this session, the music therapist and one of her interns, who was also the interpreter, led music therapy experiences for a group of four young male adults who were diagnosed with Schizophrenia. An improvisation check-in, drum circle, and song discussion were utilized.

Interviews. Interviews of the music therapists took place when they were not leading or supervising sessions of interns. Xiao Sa's interview took place in five separate increments and in four locations, such as two separate rooms, a hallway, and the music therapy treatment room due to a busy session schedule. Initially, the interviews were formal with only the two of us in attendance, but there were moments when her interns, a music therapist, and a volunteer also attended. Yi Ze completed her interview within one sit-down session outside of the hospital in an area where others sat close by.

Yi Ze and her intern helped me find clients and facility professionals that I could interview. The facility professional interviews were conducted either in the music therapist's

office or in the coffee bar on site. The client interviews took place in quiet and private locations including a room in the music therapy office and at a table in a corner of park outside. In client and professional interviews, I gave participants an option to ask me questions. In this way, I thought interviews were conversational and were less one-sided. Please see Appendix C for the interview guides.

Artifacts. Artifacts gave me more information about the insider's meaning of their culture. Artifacts were acquired by using my iPhone to take photographs or record videos. The artifacts that were included in this study were obtained in the community or facility setting. Although many photographs and a few videos were collected, images of musicians and instruments were the only artifacts that were integrated and analyzed in this research study.

Analyzing and Interpreting Data

Recordings of music therapy interviews were transcribed before analyzing data. I also listened to recordings of the observations and wrote down additional notes that I gleaned from the listening. Initially, I used Ledger (2010) research to guide me in my analysis. From each observation, interview, my journal notes, and artifacts I identified data where Chinese culture was present and highlighted it in the text. Afterwards, I extracted these items, removed duplicates, and identified similar categories, such as music, models, and communication. After I completed this step, I realized I needed additional guidance in determining my categories and data so I elicited help from Merriam and Tisdell (2016). I took the extracted items of Chinese culture, started fresh, and began with open coding. In this way, it was easier for me to remain open to my findings, while also keeping my research question in mind. From there, I grouped my open codes together using axial coding. After I determined the axial codes, I created a spreadsheet to see my codes together on one page. When adding axial codes to the spreadsheet, I

looked at previous sources to see if there were similar themes. I began to create categories in each of the columns of sources. Some of the columns held similar category names, and others did not. Next, I created another spreadsheet and created a column for each category and dropped axial codes under their appropriate category. The concept of “trees” and the “forest” became particularly important when crossing and combining categories together (Merriam & Tisdell, 2016, p. 208). After this, I still had too many categories according to Merriam and Tisdell (2016). Once I starting taking a broader view of my categories, I began to find a pattern between communication, giving clients enough time, and the description of clients as introverted. The more that I looked at the “forest,” the more I thought about communication being an important aspect of any relationship. I returned to my transcriptions and found that much of the data in these categories had been responses to questions about developing the therapeutic relationship. I was unable to believe though that developing the therapeutic relationship alone could define all the categories. Even though no participants directly stated *guānxi* in the data collection, its silent influence in the study was brought to forefront in my mind, and I began to wonder if this was what was at work. See Figure 2 for a flow chart of *guānxi* relationships between participants.

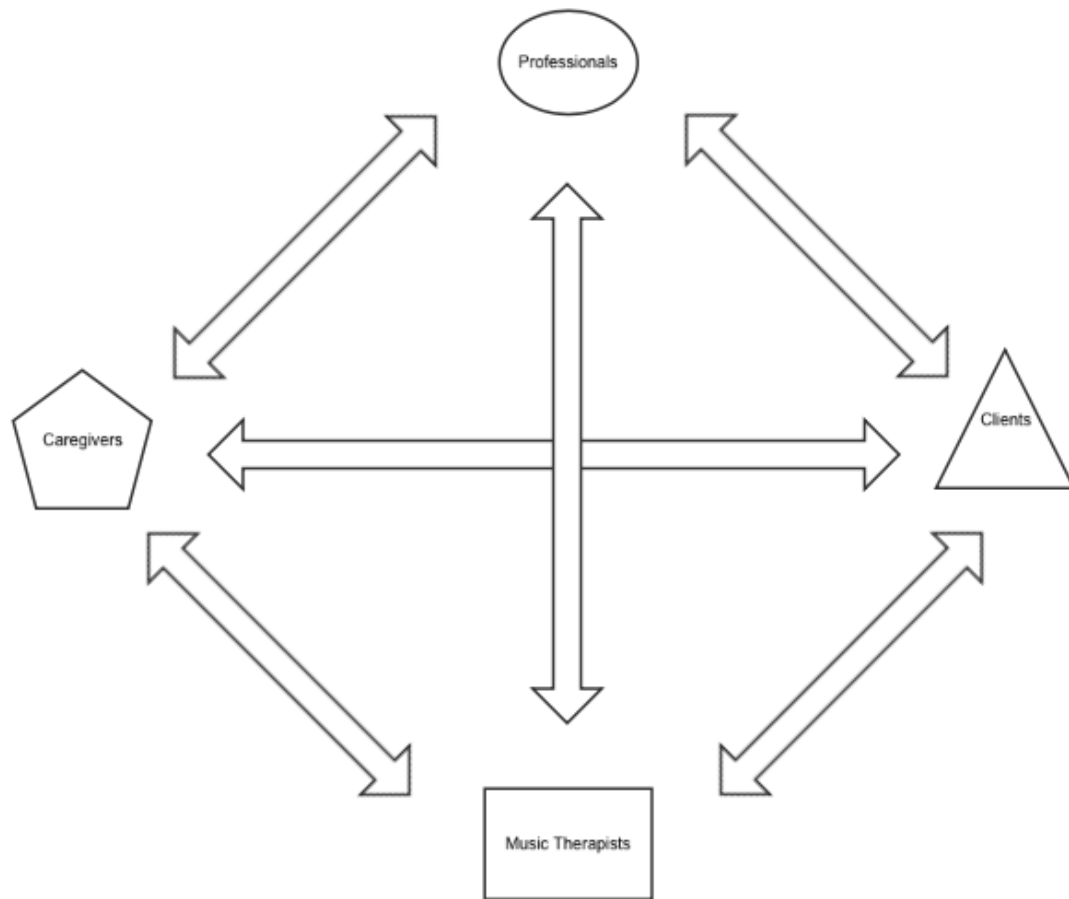


Figure 2: Flow Chart of *Guānxi*

The responses by music therapists and interpretations by the interpreters were edited as little as possible in order to keep the original content of the participants' direct thoughts. The music therapists and interpreters were all Chinese native speakers and non-native English speakers. The participants' responses may be more difficult to understand as a result for a English native speaker. I think it is important, though, to remember that all English speakers, including myself, have a unique way of speaking that goes beyond English grammatical sentence structure.

Expectations and Biases

In this study, I thought that music therapy was going to be drastically different when Chinese culture was included in sessions. I was expecting to see an obvious answer in my observations, but it was much more difficult to conclude than I realized. I expected music therapists to play only traditional Chinese instruments, such as the *pípa*, *zhēng*, and *èrhú*. I also believed that the music therapists only played Chinese traditional classical, Chinese folk, Chinese Revolutionary, Chinese rock, and Chinese pop music. The Western genre that I expected to have the most prominence was Western classical music. I assumed that Mainland China was closed off from the music of the rest of the world, because of its limited access to certain websites (Connor, 2017). In addition to the instruments and music, it was my belief that movement, Traditional Chinese medicine, and healing practices would play an important role in music therapy. Because Christianity is not the dominant religion in China, I had anticipated finding that Confucianism, Taoism, and Buddhist religious inclusion in sessions. My understanding that China was a collectivist culture left me biased that the sessions would always include family members. I also thought from studies by previous researchers that therapy was stigmatized in China (Beer, 2015; Guo & Hanley, 2015; Li & Vivian, 2010; Tse et al., 2012). The literature review reflects these expectations. Reflecting on my expectations and biases encouraged me to broaden my awareness and mindfulness in the analysis and when writing the results for this study.

Chapter 4

Results

The purpose of this study was to understand how music therapists incorporate Chinese culture into their practice in China. In this section, the results are reviewed following the analysis of the data that was collected. Six categories were identified across more than one data source. Western-trained music therapists incorporate Chinese culture in their practice by (a) using mixtures of music; (b) developing and maintaining *guānxi* with individuals; (c) using a variety of active and receptive experiences; (d) utilizing multiple models of music therapy; (e) speaking and singing in the Chinese Mandarin language; and (f) acknowledging that music therapy is a natural therapy. See Figure 3 on the following page for categories and subcategories.

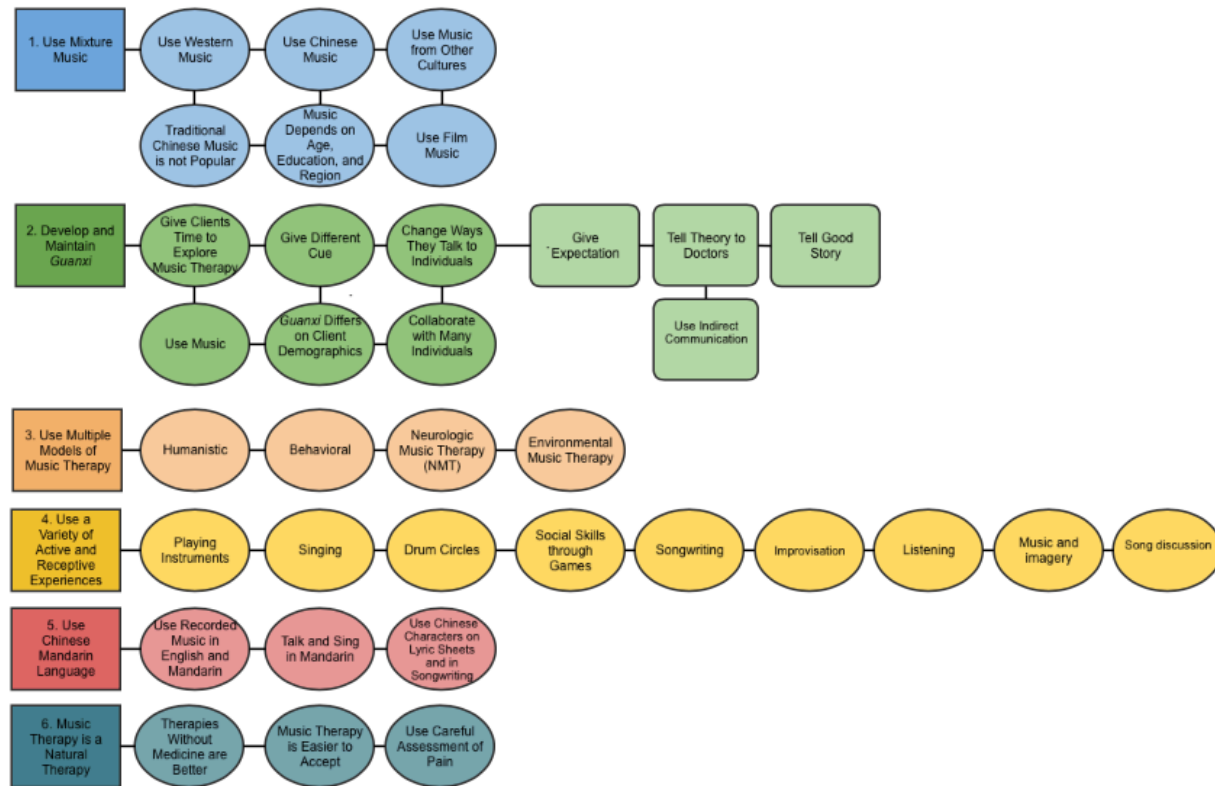


Figure 3. Categories and Subcategories

Category 1. Western-trained music therapists use mixtures of music depending on the age, region, and education of their clients.

The instrument, musical preferences, and music utilized in sessions were identified in all data sources. “Mixture music” was coined from one of the music therapists in her response of the relationship between music and Chinese culture:

Xiao Sa: I don’t think it’s Chinese traditional music. It influenced by another culture so this is like a mixture complexed music. So for Chinese people for our patient they like different types of music.

The table below shows codes that were identified within this category. If a code is a song or type of Western music, Chinese music, or music of other cultures it is labeled with W, C, or OC consecutively.

Table 1

<i>Mixtures Music in China</i>		
Codes	Type of Music	Source
Mixture Music		Xiao Sa*
Depends on the age		
Accept new age music		
"I Can't Help Falling in Love"	W	
"My Heart Will Go On"	W	
Billy Joel	W	
African	OC	
Use familiar melody and rhythm		
Salsa	OC	
Use very different music for Chinese people no problem	C	
Elder people don't like Chinese opera	C	
American normal songs	W	
Jackie Jo, Michael Jackson	C,W	
Songs from period Chairman Mao	C	
Marches	C	
Music depends on education and different people		
Different people		
They want Western music	W	
Chinese culture depends on different city		
Regional culture		
Area produces bamboo flutes		
They will like flute		
Not everybody like èrhú sound		
Guitar, keyboard, African drum used the most		Yi Ze+
Chinese folk music	C	
1940-1990 pop music	C	
Hip hop, blues, jazz, heavy metal	WC	
Chinese pop for middle-age adult	C	
Western and Chinese pop for young adult	WC	
Chinese song yeah	C	
Chinese opera songs	C	
Regional songs	C	
MT uses Western music	W	
Japanese music	OC	Client 1+
Michael Jackson	W	

Soul	W	
Classical (Brahms, Beethoven, Schumann, Reverie)	W	
Chinese game music	C	
Western game	W	
1990 pop song of Mainland	C	
MT plays song from hometown		Client 2 ⁺
Ta mei you ting guo	C	
Pop music is popular	C	Prof 1 ⁺
Therapist repertoire		
Therapists will remember traditional		
Don't know pop music		
Traditional Chinese music and songs	C	
Chinese rhythm and scale	C	
Some elders like local opera	C	
Rock n' roll		Prof 2 ⁺
Revolutionary song	C	
Classical		
Uptown Funk	W	Journal ⁺
Accordion in recording		
My Little Apple	C	
Chinese pop strong rhythmic beat	C	
Bitty Boppy Betty	W	
Sum 41	W	
Japanese music	OC	
Sky Full of Stars	W	

To make sense of the mixture music, I thought it was helpful to create six subcategories: Western music; Chinese music; Music from other cultures; music depends on age, education, and region; traditional Chinese music is not popular; instruments; and use film music. Western music and Chinese music can be identified from the list above.

Each participant contributed to the data above, but I found that my journal notes of Xiao Sa's sessions were not included in this category. One reason for this is, because she utilized all live music, pre-composed, and composed songs with her clients. In listening to this music, I may have not been able to differentiate which songs were composed by Xiao Sa or songs requested by

the client. This was different than her session with a patient with cardiac and pulmonary department who was able to communicate her wants and needs while riding an exercise bike.

Music depends on age, education, and region. Xiao Sa's clients were older in age than Yi Ze's clients. Yi Ze had a young adult group. In Yi Ze's sessions, she utilized more recorded music than Xiao Sa. This helped me differentiate original songs, live songs, or ones composed by other musical sources. In both of the Yi Ze's sessions for mid-age adults and young adults, she utilized live and recorded music. Recorded music included Chinese pop, multicultural music, and Western music.

Xiao Sa said this about age and music: So for Chinese people for our patient they like different types of music. It depends on their age so the age is very important for music therapists to know and to understand what is their culture.

Both music therapists and one client either talked about Chinese culture and music in reference to a certain location.

Yi Ze: I will use more Chinese song yeah. And especially for the different areas. People of different kind of songs like [city name]. They got songs. Chinese opera songs.

Client 1 (via the interpreter): And also the other song it comes from the Yi Ze's hometown.

The professionals noted their educational experience in interviews along with their musical preferences. Both of the professionals interviewed were doctors. One of the professionals responded by telling me about the music that therapists use, their preferences, and society's preferences for music.

Professional 1: Therapists should be try to use more classical and traditional things for patients. As the classical things should be keeps in longer time and introduce to more people for that. Especially in MT we should use much more classical things. I'm not really interested in the pop music. I still love the classical piece. I still can remember very old songs and musics. And then I think it's because of the society. It's more the pace. More very quickly. It's getting quickly in this society. So the classical things should be keep.

Traditional Chinese music is not popular in China. A subcategory of mixture music was traditional Chinese music is unpopular in China. This data was pulled either from Xiao Sa or my journal. See Table 2 for items in this category.

Table 2

<i>Traditional Chinese Music is Unpopular in China</i>	
Codes	Source
Chinese Instruments Not Used	Journal
Available, but don't know how to play	
Hospital bought these instruments	Xiao Sa
People like traditional Chinese music too little	
In our hospital nobody want to listen to water sound or flute	
Flute makes high pitch sound	
All that music can relax you but not everybody	
Western misconception of musical preferences	
Music that misrepresents China	
Chinese music is not traditional	

The facility had purchased Chinese traditional instruments for the music therapy department, but they had not been used in sessions with clients. Xiao Sa explained that clients did not want to hear traditional Chinese music.

Xiao Sa: These people who like traditional Chinese music is too little. It's not a huge. Maybe it's our patient like more normal songs. It's like American. I define normal songs as like "I Can't Help Falling in Love with You" or some "Right Here Waiting."

She also talked about how older adult clients from her professional and personal experience do not like Chinese opera.

Xiao Sa: Some investigator maybe think this should be like Chinese opera [sings what sounds like Beijing opera] No. Oh elder people they don't like that, because my grandma she didn't like this type of music and she only like some music from 60 or 70 years old. 1970 1980 you can find some singers some composers from that period, but not Chinese opera.

Even though traditional Chinese music is not popular, there are regions where individuals may like the sounds of traditional Chinese instruments. For instance, individuals liked the sound

of the Chinese flute and the *èrhú* in the location where they were made. When I observed one of Yi Ze's sessions, I made a note of traditional Chinese instruments that she had available to her.

Journal: The MT here has many instruments...*èrhú, zhēng...pípa*. The MT said she did not know how to play them, but hospital bought them thinking patients would like it. MT hasn't used these in a session. They sit in back room in boxes.

Yi Ze also told me that, while she did not know how to play many of these instruments, she would if her clients requested it. The type of instruments that appeared in this subcategory are discussed next.

Instruments. The category of mixture music also contained instruments that were mentioned, utilized, or preferred by the therapist, facility professionals, or clients. Three artifacts were collected of individuals performing with instruments or instruments foreign to the researcher. See Table 3.

Table 3

<i>Instruments</i>	
Codes	Source
Guitar	Client 1 ⁺
Metallophone	
Drum	
Shaker	Client 2 ⁺
Accordion	
Piano	
Chinese Instruments	Prof 1 ⁺
Piano	
Guitar	Prof 2 ^{*+}
Classical Guitar	
Guitar	Journal ^{*+}
Saxophone	Artifact
Guitar	
Mùyú (Chinese pinyin for wooden fish)	

According to the data, guitar appeared the most in multiple sources, such as in interviews with both clients, in my journal, and in a photographic artifact. See photograph 1 below. In my

journal, Xiao Sa accompanied song on her classical guitar for all four sessions, and Yi Ze accompanied song on her guitar for both of her sessions. Guitar accompaniment was observed in all sessions. Both therapists used a combination of guitar accompaniments.



Figure 4: Street performer near tourist area.

I talked more about Xiao Sa's accompaniments in my journal.

Journal: MT changes guitar playing with percussive palm muting...MT uses guitar and pluck pattern...MT slows again from strumming to plucking.

I also made note of accompaniments utilized by Yi Ze.

Journal: MTB plays rocking pattern on guitar (P-I-MA).

Piano appeared twice in the data as an instrument preference of Client 2 and Professional 2. Piano was not observed in either of the music therapists' sessions even though one of the music therapist's principal instruments was the piano.

Except in one session, Xiao Sa used only classical guitar. In this one session, she utilized colored hand bells that her client could press on the top. I talk more about the use of the bell set in my journal notes:

Journal: MT uses large down strum to encourage client to play huáng sè (Chinese pinyin for yellow) bell. MT is working on having client identify colors and say them.

Yi Ze used a wider variety of instruments with her clients. The room where she worked was lined with instruments on three of the four walls, and also had instruments in a back room. I talked about this in my journal:

Journal: The MT here has many instruments including percussion like shakers (fruit/food ones), güiro, guitar, piano.... MT takes place next door in medium-sized room with projector. Lots of drums on right, some two sided. Cubies in front by computer... contains bells [They remind me of those you wrap around your legs. Ankle bells.]

Journal: I chose to play the shekere.

Both clients listed other percussion instruments as preferred instruments, including the metallophone, drum, and shaker. In Client 1's session, I observed another client playing the metallophone. In Client 2's session, the use of instruments in experiences was not observed.

The use of the accordion was mentioned very briefly by Client 2. He said that it was one of his favorite instruments. Interpreter 2 told me that the center had an accordion, but that the instrument needed repairs.

In regards to Chinese instruments Professional 1 said the following:

Professional 1: Of course in MT, if they play the music instruments its not only the piano...It's also the use of Chinese instruments...Some of them if they are interested in Chinese music instruments so it will be better to use Chinese music instrument.

When I saw other instruments, such as the saxophone and *mùyú*, I video recorded and/or photographed them. I thought it was unusual to see a man on the street at night playing a saxophone with accompaniment music. Both his music and the recorded accompaniment focused on the melody rather than rhythmic elements. I photographed the *mùyú* when I was observing Xiao Sa's sessions. See below. She had it stored in a separate room. The other music therapist told me it was called a wooden fish, and demonstrated how to play it with his hands. I had never seen a *mùyú* before so I took a picture.



Figure 5: Street performer



Figure 6: Mùyú

Music from other cultures. Xiao Sa and Interpreter 2 who was also one of Yi Ze's interns either said they used or utilized music from other cultures during observations, such as music from African, Japanese, and Spanish cultures. I assumed that the music would be purely Chinese or Western, which was my blindness to music of other cultures in this study. Xiao Sa described her use of African music for a feeling or image of openness.

Xiao Sa: I use a lot of African. Yes, it's a very open and you can think of lot of the Great land. Your scope is not very small so we'll think of lot huge pictures in front of you.

Then, she also discussed the use of salsa music for movement.

Xiao Sa: If we want to promote oh just like a promotion to use music as a promotion as a motivation to the moment. We can use salsa [sings rhythm]. They will let you do the

swing, you know but if you just play some traditional rhythm it doesn't make sense. You can't move.

Yi Ze's intern played traditional Japanese music for their young adult group for song discussion. The clients were familiar with this music.

Use of film music. Music therapists and one client talked about Western, Chinese, and foreign films. Both music therapists discussed how Western film and how it affects or "infects" China and its culture.

Xiao Sa: ...yes you know the cinema music also has a lot of influence for the Chinese people, because in our cinema we have lot of different film to say. So the film music often infects us...

Yi Ze also talked about her personal experience in watching films.

Yi Ze: You know we are affected by Western culture a lot. Even when I was young, I watch cartoon movie, a lot of Western style movie, rather than Chinese style cartoon movie.

Xiao Sa also said that all of the Chinese have seen films that depict World War I or World War II. These films show a lot of fighting. Client 1 also talked about Western movies and film and specifically mentioned action movies, such as *Fast and Furious*, *Iron Man*, *Spiderman*, and *Batman*.

Client 1 (via the interpreter): He said the American movies keep most part of the market of China. American movies...It sounds best.

Client 1 also liked Japanese cartoons and film a lot, such as *Ponyo*, a movie directed by Japanese director, Hayao Miyazaki.

Then, Xiao Sa talked more about the applications for film music. Xiao Sa used Chinese and foreign film and other film music as metaphors for emotional goals and objectives with her patients in mental health settings. From this, she has seen good results with many of her patients.

Her patients connect with the music and the characters in the film, which allows them to talk about their emotions.

Xiao Sa: Of course Chinese film we will talk about, because some film music some cinema music can bring your patient back to the film or back to the serious feelings. So they will think about “Oh I don’t want to be that person, because they are so you know. Ok they are not so. That person not what we want to be. And oh yes the grandma. It’s very similar to my grandma.” Yes, you know they will talk a lot about because with being in a film and cinema music so they will tell you more emotional emphasis.

She may bring music from movies about abuse, World War I, or World War II that contain sad and sorrowful music for some patients. In speaking about a movie about Germany in the time of Hitler’s regime, this is what she said:

Xiao Sa: This is a very sad sorrow music, but it can bring a lot of emotional aspect comes up and push forward more things. Because this type of music, we use a lot for psychiatric patient.

Category 2. Music therapists develop and maintain *guānxi* with individuals.

The music therapists, facility professionals, and one client made responses to questions about their relationship with the client or therapist, how rapport was built, how music therapy was introduced, and how music therapy was adapted for Chinese culture are included in this section.

The term *guānxi* remained nameless during the field research. In the method section, I talked more about how I came to the realization that *guānxi* may be at work in Chinese music therapy. Several subcategories combined to create this category including (a) changing how they talk to various individuals; (b) giving different cues; (c); giving clients more time to explore music therapy; (d) using music to develop *guānxi*; and (e) acknowledging that *guānxi* differs depending on the demographics of the individual. Initially, I thought this category would have the title of communication. While communication seemed to be title linking the subcategories, I began to wonder if there was something bigger at work here after looking back at Xiao Sa’s

responses about client refusal. In fact, both music therapists talked about ways that clients approve of music therapy. Xiao Sa talked about her experiences in working with individuals in New York who were from South China.

Xiao Sa: And for Chinese people in New York. A lot of Chinese people in New York is Cantonese South of China. And they will say half and half. No, but it's good. Very kind of you, but actually I don't need it. You know that. They didn't refuse you, but no please don't. I don't want it. Oh you're very kind. Oh it's very good. You're singing very well. Oh but music therapy for me. Oh no thank you.

Music therapists change how they talk to various individuals. From this understanding of the patients' experiences, the music therapists have changed how they talk with patients by giving an expectation, using indirection communication, and telling a good story. The music therapists have also adapted how they talk with doctors. Yi Ze made an important comment about how she interacts with her clients.

Yi Ze: That sort of thing, but I found in China if I do music therapy at the very beginning I have to pretend I know everything, because my client need my encouragement.

This idea of expectation was explicitly mentioned by Xiao Sa. She talked about giving clients a lot of expectation for her music therapy sessions. It was very important in the beginning when working with clients.

Xiao Sa: Expectation is very important for the first session with your patient. If you do not give them any expectation you will lose it. You will lose your client very quickly.

She also talked about how different people need different expectations. She adapts according to how they communicate with her.

Xiao Sa: Some people need to know the whole expectation. So how many session do I have? Ok so how long time it will be when session? They need to know very clearly so in the first assessment talking. If they ask me those information, I will answer them. If they don't ask I don't answer it. I need to try use their way to communicate with them.

A professional also said:

Professional 1 (via the interpreter): But it's for the normal people who are. For unhealthy people like. He said if you use the MT to reduce the pressure and you will get the good life and you will feel comfortable..

Expectation is important for Chinese people, but it needs to be adapted based on the different individuals. Many of the music therapist's Chinese clients are passive and prefer to sing or play instruments in the first session. Too much information can also confuse some individuals. Xiao Sa said that patients need expectation in every session through a session story.

Music therapists give expectations of music therapy by using a good story. A successful story was the best way to introduce music therapy to patients. This was also solely mentioned by Xiao Sa.

Xiao Sa: You need to change your introduction way to Chinese people which is music therapy. You can't focus on the therapy. Maybe you need to make lot of different story for them. It's more than evidence-based practice. You know?

The interesting thing was that this idea of telling stories also depended on the individual, like giving expectations.

Xiao Sa: No of course it should be depend on different kind of patient. If you speak to a teenager...I need to explain, but use a teenager's understand way. We must meet their needs. If we explain ok music therapy is use oh music therapy is a use of music to light your. So definition they will lost their attention. Ok I know. Ok thank you. They're gonna go. They never concern about more about music therapy.

These stories are also important when the music therapists communicate with professionals. Instead of using a successful story, Xiao Sa found that talking about theory with doctors was more important than telling a story.

Xiao Sa:...but the doctors you have very strong defense of your knowledge. The background. The theory background is not just telling them story. I make your patient laugh. Oh I make your patient can do this movement. Oh your patient can speak three words. Doctors they didn't pay attention to those. They're concerned about more things. Why can you do this? So you need to explain exactly what happened. What happened. They concerned about more of this.

The doctors want to understand how music helps their patients in scientific terms. They want to understand the evidence for it, but they trust the operation of medicine.

Xiao Sa: And when you talk about your profession to doctors to medical staff in hospital you need to introduce how music helps their patients. You need to let them know more about the theory about how function the music changed your brain. Change your heart your brain. Blood platelet or change everything or can make this change happen. You need to explain this. If you don't give them some evidence they will say. It's good things we will come back. They still don't trust you. They still trust their medicine and operation... Their medicine can modulate the pain so why music can.

Yi Ze also talked about using music therapy literature to explain music therapy to professionals and clients. Specifically, with clients she said,

Yi Ze: Here I also use literature and to explain all of the theory to my clients. And I think it can show me. It can let them feel I'm professional, but the most reason I did was to help them to understand why they need to come to music therapy. Why I would like to give them enough time to think and why I told them right or wrong why that way good for themselves.

One professional also talked about how he had been introduced to music therapy resources.

Professional 1 (via the interpreter): He said they invite the Mr. Gao come here. And Mr. Gao has his own books. And he introduce the books to them. And also during the speech and presentation. And also they will read privately and get the document.

This professional also talked about how he tells his fellow doctors about music therapy:

Professional 1 (via the interpreter): For example to the doctor, he will say it can give you many skills and reduce side infections...

Another way that music therapists change how they talk to individuals is by using indirect communication. Using the word "maybe" allowed Xiao Sa to provide expectation in an indirect way.

Xiao Sa: So maybe we can do some music and to promote maybe she can wake up later maybe. She can. I always use maybe. Maybe. Maybe. Maybe. I give them some maybe hope. So I'm not sure, because different people will have different reaction. So maybe, maybe, maybe.

Without indirect communication, clients will leave. They need hope through this indirect communication. Xiao Sa describes this with the patient with insomnia:

Xiao Sa: I say that's a little difficult, but we can try. You know you must to understand to meet their needs. If you say no it's impossible ok they will go. Give them a little bit of hope, but you can tell them it's not true. There's this narrow expectation, but we can use a little bit vaguer longer time can solve this problem.

Indirect communication has also become important in communicating about hospice. Before, the translation for hospice was *lin zhong guan huai*. It means communicate care hospice. This translation was too strong for Chinese people, and so people refused to go there. Xiao Sa explained why Chinese people may think this is too strong:

Xiao Sa: The Eastern culture we are very afraid of death. We can't face death, and we don't want our family to have this thing. So we are going to forbid this disaster. No community care. No.

By using indirect communication, a second and better translation was created that is less strong called *huan he yi liao*. The music therapist explains the importance communicating indirectly even through translations, especially for hospice.

Xiao Sa:...in Chinese means it's the steps to death. You're in the minute of death. So old people come to better this translation... So a lot of people can accept this section. So we need to pay more attention to translation because maybe we can accept this process, but due to a translation problems a lot of people oh we can't face these strong words so we must modulate some words to change it.

Xiao Sa was the only source that brought this idea of indirectness to the forefront on Chinese music therapy. She was the also the only individual that discussed the importance of translation when communicating with clients.

Yi Ze integrated more nonverbal communication into her experiences within both groups. Nonverbal communication through prompting with movement seemed more direct than previous verbal communications observed. This is what I saw when observing the middle-aged group:

Journal: There is less talking among group members and more nonverbal communication occurring between group members.

During the young adult group, I witnessed Yi Ze also using nonverbal communication during the drum circle to indicate to the members including myself when and how to play their drums.

Journal: In the drum circle, she used different gestures than I have seen before looked like she was chopping the sky [almost like someone trying to be very clear and stern about what they are saying in West.] She used this gesture (like cutting gesture) to indicate how many changes. She wanted us to, play our drum and when. She used a rolling of her hands in front of her to her to indicate she wanted persons to keep playing. She used a somewhat familiar one to indicate she wanted us to stop playing... She also gestured to half of the group with her hands [similar to cutting gesture, but more passive and spread her arms wide to include members].

Music therapists use music to develop *guānxi*. At the music therapists' facility, another music therapy program had been in place that was unprofessional. I talked about this in my journal.

Journal: MT's office is a room that resembles a theatre with a screen. The chairs are there, and patients can lounge/sleep. MT said it used to be used for relaxation. They would play a script, have patients close their eyes, and show pictures on screen. She explained that having them close their eyes and pictures on screen did not make sense. She said patients did not like it, because the music was not chose based on how they felt.

When Yi Ze began working at the hospital, she found that patients refused her sessions based on the idea of the previous music therapy. To encourage clients, she used music to develop rapport and *guānxi* with her patients.

Yi Ze: That's a very interesting thing is I use music. And I really appreciate I can play music and I know a lot of music songs, because before I came here I told you they already have music therapy department. But because not professional so most of the patients don't want to come anymore. But when I came here nobody want to join. But I have to find someone to come to my place so. And nobody all the people just refuse. I don't want to listen to music. So weird lying here. So in that moment I just grab my guitar and I check their age and I get some information from the doctors. I know their age so I just start from one department and they got the same age so I can choose some same like pop music. And I grab my guitar and go to the different each room and I sing a song.

She found that music was a good way to communicate, build rapport, and bonding with her clients.

Yi Ze: At the beginning, people feel weird when you come here and I say I'm just the music therapist I just come here to say hi and maybe you feel comfortable and or I just would like to sing some if you want to hear some beautiful music and beautiful song. And they say oh yeah, because it's very bore. You can sing if you want..Yeah so I just start to sing the song and after I sing the song I do some discussion, because of the music so I have good way to communicate with them...I use music to build rapport and bonding with my clients.

Client 1 reiterated the difference for him between the old and new music therapy at this facility.

Client 1 (via the interpreter): Before we just come here to listen to music now we can sing. We can sing together. Before we just listening and now it have more different type of activities. He said I just listening to music and now I'm in the sessions. I can feel. I'm in this session.

A professional referred this client to the listening music therapy program. The client said he was interested in it, because he thought it was good for him. In describing his experience with the present music therapy program he said:

Client 1 (via the interpreter): MT to let us practice our voice and sing and the songs are all from us. The ones we choose.

Music therapists give clients different cues. Yi Ze exclusively contributed to this category. Her clients she found needed to know what was right or wrong. It was difficult for her to tell clients that it was okay if you did not know how to do something, because this is different from Chinese culture. In this way, she says that she accepts the Western music therapy philosophy. She encourages her clients to think freely outside of the one answer norm.

Yi Ze: They need to know what is right or wrong. So if I give them more [cue] so they will know oh this is alright. So I can I can think freely so I should tell them all it's alright.

By giving different cues, the music therapists can offer encouragement and build rapport with clients. Yi Ze said that many of her clients like herself were shy. Her music therapy

supervisor in school encouraged her more, and now she provides more encouragement to her clients. To encourage her clients, Yi Ze's provides instructions that are very clear through these different cues.

For example, Yi Ze talks about cuing during songwriting for the song *You are My Sunshine*:

Yi Ze: So if I like if I give them a very big or very general questions I found my clients might be very hard to answer...I wouldn't say ok You're My Sunshine. You can put some lyrics on it if you want. If I say this nobody would do that. So I would give them different like cue like what do you mean maybe talk about what do you mean by sunshine for you. How do you feel about sunshine? Or sunshine maybe means nature. Maybe means people. Maybe means pet...That sort of thing so I would prepare a lot because they need more cue.

Through more and specific cues, the clients feel encouraged and are more likely to contribute during music therapy.

Music therapists give clients more time to explore music therapy. Clients are also more likely to contribute, if the music therapists give them more time. The music therapists, one professional, and my journal notes describe the personalities of many Chinese people to be shy, not very open or talkative, appear passive in the first session, and are introverts. By giving them more time, music therapists are recognizing the personalities and needs of their clients in relation to Chinese culture.

Professional 1 (via the interpreter): Chinese people are more shy. Shy to express their feelings and the personalities.

During an interview with a client, a client told the interpreter and me at the beginning of the interview that he was a little shy. The client also talked about how they felt shy when they first started music therapy.

Client 1 (via the interpreter): He felt shy, and he doesn't want to try anything. He was passive.

Both music therapists discussed instances where they provide opportunities for clients to have more time. Xiao Sa uses warm-ups at the beginning of sessions. She learned that many of her clients did not play initially and needed more time. This is especially notable for first sessions with clients. Xiao Sa talks about the importance of warm-ups with older adults with early dementia and Parkinson's disease.

Xiao Sa: I think the biggest change for me is the way you begin your session. The warm-up is very important for them... If you ask them to pick up a new a very brand new... instrument. It is very hard for them to choose one and to play. So you need to push a little.

One way that was suggested by Yi Ze to help her, her interns, or her clients to express emotions were self-care activities that she had learned while studying abroad. These activities give encouragement to her interns and clients. She says that they work well.

In Yi Ze's first session, she had clients sing a song with her three times. When given three times to sing the same song, this is what I noticed in observing the clients:

Journal: Yi Ze accompanies and encourages clients to sing with her again. Group volume increased from the 1st to 3rd try.

Yi Ze also talked about an instance where a client asked if they could play more instruments with a melody. In this way, Yi Ze gave her clients time to explore music therapy and an opportunity to put their own spin or creativity in sessions. She gives them the time to match and come together as a group. She talks about it more during the session with young adults. These were notes within my journal.

Journal (Yi Ze speaking): I think I found it's really tricky to join those melodies. Melody instruments into drum circle, but then last session he told us maybe bring more melody instruments it be more interesting. More beautiful. And we just realize maybe because we afraid to join because we afraid to lose our control. We don't know how to combine and to come together. Those guys already know melody instrument. They can match it.

Music therapists acknowledge that *guānxi* differs depending on the demographics of the individual. In some of the other sections of this category, Xiao Sa and one of the professionals talked about adapting their approaches of *guānxi* with different individuals. Yi Ze was also aware of how demographics played a role in *guānxi*. She noted that education and age were important in this process.

Yi Ze: Yeah, it's different not only age, but also educational background. Yeah. For in terms of age for the young generation. Yeah they prefer music. They are more open to have music together. And for the high educational backgrounds they more open to experience some new things.

Socioeconomic status also influenced *guānxi* as discussed by Yi Ze:

Yi Ze: And also for the economic family economical status yeah if people from good family. Their caregivers is more supportive and they are not so poor. They are more happy to have some music therapy session.

When Yi Ze introduced music therapy for the first time to patients, she told them it was free to develop *guānxi* that promoted the therapeutic relationship. It became more difficult for her to maintain *guānxi*, because some patients needed to pay and could not afford sessions later. They dropped out.

Just like how music therapy is new in China and harder to promote, it may be more difficult to introduce music therapy and develop *guānxi* with patients. Professional 1 talks further about the newness of music therapy in China.

Professional 1 (via the interpreter): The majority of people they don't know what's the really way of music therapists. Especially in like hospitals in China. It's not too much to many hospitals has this department. It's being introduced to more and widely. Especially for people get cancer and also other mental problems. And they're trying to get the MT. It's very new in China, and it doesn't have very whole system of education about that and that's why it's happened in China it's slow. It's the reason MT is a little slow in China. So I believe I believe it get better in future.

Music therapists use *guānxi* in collaboration with many individuals. I think that *guānxi* also existed in the music therapists' collaboration with many individuals besides just their

clients. Music therapists discussed their collaborations in interviews with multiple professionals including doctors, physical therapists, occupational therapists, acupuncturists, with professionals who administer electroconvulsive therapy, and caregivers.

Xiao Sa collaborated with these professionals in studying environmental music therapy in multiple areas.

Xiao Sa: I want to do the environmental therapists' study for the whole hospital different therapists... I have already run data in five or six different places in our hospital. And acupuncture room, occupational therapy room, physical therapy room has done it already and electroconvulsive therapy's room.

With the professionals administering electroconvulsive therapy (ECT), she provided procedural support.

Xiao Sa: Ok they order psychiatric patients who need to do ECT treatment they need to wait almost 20 or 30 minutes. You know very small room we done this for them. But you know after ECT they will lost their memory. They can't feel anything, but we do not have want to have any influence on this procedure. We only concerned about before ECT. What's their feeling about the atmosphere or environment?

In Xiao Sa's sessions, the caregivers also took a collaborator role. Since Xiao Sa works with individuals in neurologic rehabilitation, there were moments where the caregiver participated or was invited to participate. This was observed in a music therapy session with a woman who had severe cognitive impairments and reclined in bed. She also asked the caregiver some personal information. I wrote about this in my journal.

Journal: MT asks about family background. She incorporates the son's name and what he called her, "mama."

During music therapy, the husband became very vocal, elevated the volume of his voice, and encouraged his wife. Xiao Sa utilized the juice of a tomato for positive reinforcement and a sensory mechanism for the client when she blinked to communicate she wanted water. For the next music therapy session, Xiao Sa invited the caregiver to bring something sour the next time

for his wife to taste. In this same way, something sour can be utilized and provide a positive reinforcement and a different sensory experience. Xiao Sa also gave the caregiver the choice of what to bring for next time.

In learning about the client's history, Xiao Sa said she talked with caregivers of patients who had experienced a stroke to learn about their preferred music. Caregivers may not always know the preferred music of the clients.

Xiao Sa: But if you ask some people who have cognition problems maybe their family can report you some. But they don't always ask about the music. What they like I'm not sure. Okay some popular songs you can sing or older songs or songs from the period of Chairman Mao.

Category 3: Music therapists use a variety of active and receptive experiences.

Several data sources discussed the use of active and receptive experiences in music therapy including Xiao Sa, Yi Ze, both clients, and my journal. In Xiao Sa's and Yi Ze's sessions, both music therapists utilized active and receptive experiences. The experiences utilized by music therapists were playing instruments, singing, songwriting, drum circles, and social skills through games, songwriting, improvisation, listening, music and imagery, and song discussion. In my journal, I observed a session with a man with neurologic impairments who was learning colors by speaking color names, playing, and gesturing to colored bells.

Journal: Music therapist uses large down strum to encourage client to play huángsè (yellow) bell. Music therapist is working on having client identify colors and say them. Music therapist moved bells around to see if client knew correct colors in different order.

Yi Ze talked about her practicum experience in a Chinese hospital where she led an active music making experience.

Yi Ze: In the beginning, I found their facial expressions was very nervous very sad, but after I sing a song I found some people just some children just look at me tears in their face and some children even tap the rhythm and I think I can give them some instrument they want. So I give them some instrument and they join me a little bit. So the first time I just feel that the music make the environment change. Peoples children start to realize

the beauty of the music and start to interact with the music and start to you know there is some bonding with me and the children.

In Yi Ze's session with a young adult group, she had each member pick an instrument that represented them. I refer to my journal notes.

Journal: She encouraged group members to pick an instrument that they felt represented them. She also had everyone if they wanted to choose a drum. She had those who were early play along with the song ("Uptown Funk") on their instrument of choice.

In the check-in, she had them play the instrument and allowed the group to respond to that member's playing. One client referred to playing instruments in response to interview questions.

Client 1 (via the interpreter): Oh, he likes to play the guitar...learning how to play guitar...And also play another musical instrument.

Yi Ze also utilized a drum circle for this group as discussed in the second category. In the mid-adult group, she incorporated a movement experience where an individual led a movement, and each individual had to copy them. One person who left the room came back and was encouraged to guess who was leading the movement. These were my thoughts and feelings in participating and leading a movement with this group:

Journal: [I can't remember when I had a turn, but I remember feeling a little unsure and uncertain about what I was doing. And about the dynamics of me being in the group.]

Journal: [I think I maybe tried to hard too figure out who was leading the movement. It would have been more fun to slowly figure it out.]

Client 2 talked about different activities in Yi Ze's groups, but also talked about singing. He was active in the sessions.

Client 2 (via the interpreter): Sometimes there is music therapist to brought guitar and lyrics to let us sing together.

In a session where this client attended, Yi Ze, facilitated three experiences that involved singing. These were the hello, goodbye, and singing followed by a song discussion. I share my journal notes of participating in the singing experience followed by a discussion.

Journal: Group sings the song together again. I sang along. It was difficult to sing the pronunciations correctly with the melody and rhythm.

Xiao Sa also facilitated a singing experience with her client in the pulmonary and cardiac group.

I reference my field notes of the observation.

Journal: Music therapist's playing matches and follows client's bike pedal movement. Music therapist had client sing with her. Then, music therapist incorporated call and response...Music therapist speeds up tempo with client...Music therapist is tapping feet as client makes each cycle through on the bike.

See Category 2 for information about Yi Ze's facilitation of the drum circle and improvisation with the young adult group.

Songwriting and music and imagery were only facilitated once by Yi Ze and Xiao Sa in that order. See Category 5 for the use of songwriting in the middle-aged adult group. Xiao Sa used music and imagery with live music on a classical guitar with a man with a chronic cough. Xiao Sa prompted her patient to "Imagine a place. It can be a place you have been or only in your imagination." These are my observations of the music and imagery experience:

Journal: Client appears more relaxed. Hands are positioned differently with hands over one another. They were before clasped together...she is singing "o" sounds while picking on guitar. She picks up the tempo and strums guitar more now. Music therapist moved up fret board with same fingering. She stopped singing. Music therapist returns to guitar. Back to a similar pattern that was at beginning... "Feel the temperature with your hands. You can use your nose to sniff smell. Put your heart in your hand and you can put it back...Feel the gentle breeze."

In the discussion of the experience, the patient reported he was unable to get back to the place he had imagined. Some of the images he saw were clouds, forest, and stone. He wanted to remember when he was in a battle in the Vietnam War. The patient reported that that time was peaceful.

Yi Ze's intern used discussions to explore the content of songs in both of her sessions. After listening to traditional Japanese music in the young adult group, her intern prompted

clients to talk about the music. Yi Ze and her intern interpreted and helped me understand the content of the discussion.

Journal (via the interpreters): We're talking about a geisha...He's been to Japan in three years and China...so this typical style of Japan music.

Category 4: Music therapists utilize multiple models of music therapy.

Both music therapists both offered their thoughts on models of therapy. Both music therapists talked about humanistic music therapy, but they said they use it in combination with other models. Xiao Sa said that a mix of models is important when working in China.

Xiao Sa: And now in China I think we use more it's like mixed. You can't use only one, because only one it can't help you to solve problem for your clients. Maybe some human-centered is very important, but human-centered for me is like something too human. There is no goal. Too concerned about their own feeling. Not concerned about your therapeutic objective. You know? So maybe some directed goals to lead you to do this and to accomplish because of course China's people want a good result immediately. Not three sessions, four sessions, maybe one session. Because yesterday the man asked me I have insomnia for one session can you solve my problem.

Xiao Sa also mentioned utilizing the model of neurologic music therapy that has 20 different techniques for patients who had experienced a stroke. In using this model, she focuses on cognition, speech, and sensory disability.

Lastly, Xiao Sa was influenced in her work by environmental music therapy in collaboration with an acupuncturist.

Xiao Sa: Yes, I really did investigation three years ago with acupuncturist. We did environmental music therapy for old clients who in the procedure of acupuncture. The purpose for this is to modulate the environment atmosphere and to let old clients who in acupuncture treatment...because a lot of patient are afraid of needle. So, the needle may be 20 needles on their body. So, we just make this procedure more easier for procedural support.

Yi Ze said she utilized humanistic music therapy. To have clear documentation for professionals, she used documentation that was behavioral.

Yi Ze: Actually but in the medical setting I can show you later our documentation is very behavioral, because we found the behavioral data very clear data. It's a very great effective way to communicate with other staff if they have no idea about what music therapy is. So they can. You just show them numbers. Like quantitative data. It's very easy for them to understand and save time.

In this way, Yi Ze maintained *guānxi* with staff by using the behavioral model to communicate how clients respond to music therapy.

Category 5: Music therapists speak and sing in the Chinese Mandarin language.

For each session observed, the music therapists and their interns spoke to clients or sang songs in Mandarin. In the young adult group led by Yi Ze, a few of her clients knew English and spoke to me at different times in the session. During this group and the mid-adult group, recorded music was played from the West that used English words, such as *Uptown Funk*, *Bitty Boppy Betty*, and *That Man*.

In the mid-adult group, a songwriting experience in the hello song was facilitated in Mandarin. Interpreter 2 explained to me what parts of the song meant.

Journal: Today and how are you feeling..means welcome you...To say where they come from first and then...I'm feeling today, and we'll say welcome.

Each member's name, hometown, and how they were feeling were placed in their designated place for each verse. When I as a participant was included in a verse of the hello song, my name and how I was feeling was able to translate to Mandarin. Because I think it was difficult to find sounds within Mandarin for "Boone," it was written in the blank in English and pronounced with two syllables.

Client 2 was the only source that talked about the Chinese language in interviews. He talked about how music therapists include the Chinese language, an aspect of culture in their sessions.

Client (via the interpreter): They also use the Chinese characters. Together, it's like a point or good sentence in that sound. He said it's typical Chinese culture kind of thing. Nice sentence and good characters together make it beautiful.

I also noted in my journal when observing Xiao Sa's first session that she utilized Mandarin Chinese when using a music and imagery script.

Journal: Therapist speaks in Chinese or sings in Chinese throughout with patient...

Category 6: Music Therapy is a natural therapy.

Initially, some clients refused music therapy, because they thought that medication was required in music therapy. After learning that medication was not required, many of them accepted music therapy. She discussed a specific example with a man who was at the facility to find some relief for insomnia:

Xiao Sa: For yesterday, I got an outpatient...I can't imagine that he found me, because he went to the second floor to visit a doctor. His family's doctor and he has some problem with sleep. And his doctor suggest that ok you can do some music therapy. Maybe it can help you, because he didn't want to eat medicine. I think in China a lot of people refuse to music therapy is they don't want to eat medicine. They don't want to take any medicine.

She then emphasized that they would not refuse music therapy, but instead they would accept music therapy over another therapy. The patients want music therapy over other therapies or medication. She continued to talk about this in reference to herself.

Xiao Sa: Chinese people no they won't take some medicine. No, no, no have headache. No, no, no. We prefer no take medicine. We don't like medicine. That's the reason why we can accept more natural therapy.

In observing the first of Xiao Sa's sessions, she said the following in her script when leading middle-aged man in a music and imagery experience.

Journal: Remember this isn't a special treatment.

Professional 1 also stated that therapies without medicine were better, because they had no side effects. Medicine only covers up some symptoms. This professional also stated that therapies, such as music therapy, allow the patient to become connected with the therapist.

Professional 1: The main way is taking pills, but this just cover a part of their symptoms and still have side effects. He said that it's better to take some therapy ways without medicine just like OT, MT and in this way it will be acceptable and no side infections. And also can connected with the therapist. And let the patients to have interest in those kind of therapists as a part of cure in hospital and it's still important as a part of therapy.

For many of the patients in the mental health department, the professional and one client noted that there is a shame in coming to the hospital for therapy. Music therapy is easier to accept for these patients.

Professional 1 (via the interpreter): Yeah they will worry about the judgment or discrimination. They will not go to hospital for mental disease. But MT it will be much easier to accept.

Client 1 (via the interpreter): People judge. Give more judgment.

Client 1 (via the interpreter): Yeah, but although Yi Ze doesn't have those kind of things. But in society still has the same things now. At this moment. So here has not, but outside still have.

The music therapists also embodied some Western music therapy principles of no judgment that help to meet the needs of patients with mental illness who experience judgment in society. Xiao Sa explains what she thinks Chinese culture should be like:

Xiao Sa: It's more no judgment. To very open-minded, very easy-going culture. It's not very complex makes no. I think it should be very pure. It's very clear.

Music therapists are careful to assess for pain. In talking about natural therapy and that Chinese clients prefer not to take medication, Xiao Sa pointed out the importance of pain assessment with Chinese clients. Chinese people may have a higher tolerance of pain. They may continue enduring the pain in order to avoid medicine.

Xiao Sa: And for Chinese people...we do have very strong endurance for pain. If this seven for Western people...for Chinese people it's only three. I can bear it. We can bear it, because this Nah it's good. No it's good...But for a Western. Ah I can't bear it. Please give me pain medicine, I can't. But Chinese people no they won't take some medicine. No, no, no have headache...We prefer no take medicine.

Other Considerations for Chinese Culture

Music Therapists learn traditional art forms to use in sessions with older adults. In response to a question about Chinese healing practices, Traditional Chinese Medicine, and movement, Yi Ze told me that the music therapists are required to learn movement to use in their sessions with elders. Many individuals in the older generation like traditional art forms, such as tai chi, qìgōng, and kung fu.

Yi Ze: For most of the older generation here, they love tai chi. They love qi gong so we will incorporate the tai chi...We have music and movement so... all of our therapists have to learn tai chi so we use that movement to help them to do some music and movement session.

Music therapists and interns dress informally. While observing sessions and taking notes in my journal, I saw the music therapists and their interns dress informally. The music therapists often chose to wear a t-shirt, pants, or a casual long dress to work. Their interns wore t-shirts and pants with an identical jacket they all received possibly as a uniform at the facility. I did not look much at attire that the professionals chose to wear at the hospital, and maybe that is because in my mind I associated doctors with a white coat.

Chinese Culture in Western Music Therapy

By looking at my data as “trees” and the “forest,” I was able to further synthesize and combine categories into six final categories. These categories support how the music therapist participants incorporate Chinese culture in their practice, which is by (a) using mixture music that depends on age, region, and education; (b) developing and maintaining *guānxi*; (c) using a variety of active and receptive experiences; (d) using multiple models of music therapy; (e)

speaking and singing in Mandarin Chinese; (f) and acknowledging that music therapy is a natural therapy. Chinese music therapists use a “mixture” of music with their clients that differed in sessions and with different age groups. Not only were Chinese and Western music prevalent in their practice, but music from other cultures was also included, such as salsa, Japanese, and African music. The use of instruments was also a mixture, but fewer instruments in therapy were derived from Chinese culture. This is because traditional Chinese music is no longer popular in this context. Within the category about *guānxi*, many of the sub-categories point to the use of communication between the music therapists, clients, professionals, and caregivers. The term, *guānxi*, supports this idea of communication in conjunction with the personality types of Chinese people and giving them more time to explore music therapy. In their sessions, music therapists utilized both active and receptive experiences, such as songwriting, singing, active music-making, and social skill games. Music therapists in China described how they use multiple models of music therapy depending on the client and when documenting progress in music therapy. All music therapists spoke and sang in the Mandarin language. Lastly, music therapy was being facilitated as a natural therapy in the hospital environment and was accepted by the music therapists’ clients. In its relation to medicine, a careful pain assessment of Chinese clients was brought to my attention due to their perceived ability to endure more pain than many Westerners. These findings from session observations, interviews, field notes, and artifacts support ways in which Western-trained music therapists can potentially provide culturally empathetic music therapy with Chinese clients.

Chapter 5

Discussion

This chapter provides an overview of the research results. The findings from this research and those in the literature are compared to explore similarities, differences, and new implications for incorporating Chinese culture into music therapy practice. Differences of information between the emic perspectives and between the emic and etic perspectives are noted. In addition, I reflect on my role as the etic observer and how this experience conducting the field research abroad made an impact on me as a music therapist. Limitations for my study are discussed. Suggestions for future research are listed in hopes that other researchers particularly Chinese music therapists will feel inspired to research and study how to integrate their culture in Western music therapy practice.

Overview of Results

The results from this research suggest that Chinese music therapists incorporate Chinese culture into their music therapy practice for inclusion of their and their clients' culture. The field research indicated that this occurs in six ways by utilizing a “mixture” of music, developing and maintaining *guānxi*, using multiple models of music therapy, using a variety of active and receptive experiences, using Chinese Mandarin language, and by acknowledging that music therapy is a natural therapy.

This study is the first to explore how Chinese music therapists adapt their practice to include their culture. It is also the first to explore Chinese culture and music therapy from an emic and etic perspective using an ethnographic methodological design (Stige & Ledger, 2016). Therefore, it may be a valuable resource for Western-trained music therapists to practice cultural empathetic music therapy with Chinese clients (Baker, 2015; Brown, 2002). Findings follow in

the footsteps of helping professionals who have recommended or developed adaptations for inclusion of Chinese culture in various models of therapy (Dias et al., 2011; Epstein et al., 2012; Guo & Hanley, 2015; Miller & Fang, 2012).

Previous research about Chinese culture and music therapy focuses on the client from the perspective of the therapist and is limited to the clients' preferred music; their preferred interventions; developing a program for this population; and providing music therapy to Sichuan survivors, Chinese prisoners, and Chinese people with dementia (Baker & Grocke, 2009; Chen, et al., 2014; Chen et al., 2016; Ip-Winfield & Grocke, 2011; Kwok, 2004; Lauw, 2016; Yeung, Baker, & Shoemark, 2014). This is different from the focus of this study, which is on the music therapist and their implementation from multiple perspectives. Some studies, such as Kwok (2004), Lauw (2016), and Lai et al. (2016) address some of their adaptations in their research and are discussed below.

Research Question

In answering the research question, *How do Western-trained music therapists incorporate Chinese culture in their practice, and what does this look like?* Similarities were found between this study and the literature in all categories. There were also differences in two out of the six categories, and new findings in six out of six categories.

“Mixture” Music

Western-trained music therapists in China use a “mixture” of music that originates from a variety of cultures including Western, Chinese, and music from other cultures. This idea of “mixture” of music is consistent with Yeung, Baker, and Shoemark (2014) and Ip-Winfield et al. (2014). Acculturation and globalization may be contributing to this “mixture” music (Ip-Winfield et al., 2014). The client preferences of religious and Chinese opera in the Yeung, Baker,

and Shoemark (2014) were not found in this research. The results of this study suggest that Chinese older adults do not prefer Chinese opera, but that this preference of traditional Chinese music is too little. From these results, revolutionary songs may be most preferred by older adults today. These findings may be different, because clients in this study may be younger in age. The Chinese music therapists' clients also live in a different context. Because I did not ask the music therapists or interns if any of the song preferences were religious, I am not aware of the prevalence of songs in the religious genre for this study. The types of Chinese pop music utilized by the music therapists also remained unknown to me. There are at least three possible types including: Gǎng Tái, Mainland Pop, and "Cantapop" (Latham, 2007, p. 336).

Kwok (2004) replicated a previous study that looked at the intervention preferences of Chinese older adults with Alzheimer's Disease. In the initial study, Brotons and Pickett-Cooper (1994), used North American music. In the replication, Kwok (2004) facilitated sessions using Chinese music. Unlike the results in this research, both Brotons and Pickett-Cooper (1994) and Kwok (2004) concentrated on music from one culture rather than a mixture of North American and Chinese music. They also chose to exclude music from cultures outside North America and China.

Latham (2007), like Brotons and Pickett-Cooper (1994), mainly concentrated on music from one culture. Latham focused on popular music in Chinese culture, which included Chinese opera, Chinese folk songs, Revolutionary songs, Chinese pop music, and Chinese rock music. He wrote about the influence of Western classical music on traditional Chinese classical music. He also wrote about the influence of Western music on Chinese pop and rock in the 70s and 80s. From this, there may be indications of "mixture" music in his work. Besides these two possible indications of "mixture" music, Latham continued to write about the above genres of music

without any other references to Western music or music from other cultures. As a result of his work, I had expected to observe music therapists using only Chinese music during the field research. It is uncertain if Latham's (2007) focus was solely on traditional Chinese music, or if the prevalence of Western music has quickly grown since its publication 10 years ago. This research suggests that the younger generation has embraced more of the Western musical tradition as apart of their culture.

This research also found that traditional Chinese music was not popular in China. This varied greatly from Latham (2007). Traditional Chinese music as a sub-category of this research included Chinese opera and music played by traditional Chinese instruments. The preferences of traditional Chinese music may also differ depending on the region and context. For instance, Xiao Sa said people who lived in regions where the flute and èrhú were made liked those instrument sounds.

There were both similarities and differences in the types of instruments utilized by music therapists with Chinese clients. Research of Chinese music therapists in China was consistent with the findings in this study (Chen et al., 2016; Gao et al., 2013). Chen et al. and Gao et al. utilized instruments from Western and other cultures. Chinese traditional instruments were not played by the Western-trained music therapists in this study or their clients. The research by Kwok (2004) was also consistent with the findings. Instrument use in Mondanaro (2016) was different. He brought Eastern and Western instruments for a Chinese client to play in order to facilitate a theme of acculturation in the hospital setting.

Demographic factors, such as age, education, and region were hardly if at all discussed in the literature above, and yet they were all listed as cultural identifiers in multicultural work (Hadley & Norris, 2016). In determining client preferences, I did not consider the influence of

these factors on the research results. I may have focused more on cultural identifiers, such as race, gender, and ethnicity since those were the ones that I could usually see visually in sessions.

Age was an important factor in determining client preferences for music. For instance, Yi Ze said that she used Chinese folk music and Chinese pop music between 1940 and 1990 with her patients who were between the ages of 40 and 70. This is not consistent with Yeung, Baker, and Shoemark (2014), because the researchers identified songs that they thought their participants preferred based on their early adulthood (Berk, 2018). It is unclear if Yi Ze used the same method to determine preferences. Although not previously mentioned in the literature, Yeung, Baker, and Shoemark (2014) surveyed Chinese adults between the ages of 65 and 94. Instead of focusing on their clients' current age, the researchers looked at songs that were published when their clients were between the ages of 20 and 30. The researchers found that songs published at this age were not preferred. Music between the 40s and 80s were also utilized with movement experiences for older Chinese adults with dementia. This may provide some insight into the influence of age on preferred music. This is important, because previous research on client musical preferences in relation to their age may not assist in determining musical preferences of Chinese clients (Cevasco & Vanweelden, 2010; Gibbons, 1977). Both of these studies found that elderly clients preferred music from their young adult years. Cevasco and Vanweelden (2010) defined this as between the ages of 18 and 25. Different findings for musical preferences of Chinese clients may be due to developmental and educational factors (Berk, 2018; Cevasco & Vanweelden, 2010; Jonas, 1991). It is uncertain in the current study what the exact ages of clients are in sessions and interviews. For Yi Ze's group sessions, they were classified as young adult and middle aged adults. The ages of participants were mainly considered for Institutional Review Board purposes.

Region, an important determinant of music preferences, was consistent with previous literature (Latham, 2007). This was another area that was overlooked in the literature. Yeung, Baker, and Shoemark (2014) studied the connection between the birth place of their Chinese clients and their language of preferred songs. They chose to complete the research without analyzing the relationship between preferred songs and birth places. Research on Chinese client-preferred music needs to include the birthplace and/or the current residence of the client. The researchers may have chosen to forgo the analysis of the birth place and preferred music, because all clients were located at the same facility in Australia. Previous research had also discussed the preference of songs and language of clients (Ip-Winfield & Grocke, 2011).

Education was a demographic factor that was not initially examined at all in this study's literature section, but it may have implications for future research. One professional who was a doctor talked about preference for classical music and older songs. This doctor thought that classical and traditional music needed to be more prevalent in music therapy. Although it is uncertain if this professional had musical training, doctors and other professionals may be more likely to study classical music, because instrument learning supports a disciplined scholarly track (Huang, 2011). This may support a preference for classical music. Future research needs to examine the preference of Chinese clients' music in relation to their education.

The use of film music in music therapy is a new finding. After reviewing Ip-Winfield et al. (2014), I found that film music, particularly from classic Western films was also prevalent in their work. The current study was different though, because it discussed a potential application of film music with Chinese clients. Xiao Sa utilized metaphors from film to work toward her clients' emotional goals and objectives. Many of her clients connected with the music and characters of different films. This application provides implications for emotional expression that

are consistent with the literature, such as avoidance of expressing negative emotions and expressing emotions in indirect ways (Epstein et al., 2012; Leung et al., 2014; Li & Vivian, 2010; Song et al., 2015; Taephant et al., 2015).

One new finding in this research was the Western-trained music therapists' use of music from other cultures. This included music and musical styles from Japan, Africa, and Spain. Ip-Winfield et al. (2014) previously reported that Chinese older adults liked music outside of Chinese genres including Indonesian and English music. They stated that as a result of acculturation, Chinese older adults may like music in the English language.

Guānxi

Multiple elements of *guānxi* were found in the results. Western-trained music therapists in this study developed and maintained *guānxi* by (a) changing ways they talk to individuals; (b) giving different cues; (c); giving clients time to explore music therapy; (d) using music; and (e) acknowledging that *guānxi* differs depending on the demographics of the individual. In addition, Western-trained music therapists in this study changed ways they talked to individuals by using indirect communication, providing an expectation, telling a successful story, and telling theory to doctors. Like the musical preferences of clients, *guānxi* differed depending on client demographics, and the music therapists collaborated with many individuals. The results related to *guānxi* in this study are far greater than the amount of information related to *guānxi* in the literature (Chang et al., 2005; Epstein et al., 2012; Guo & Hanley, 2015; Lauw, 2016, Tse et al., 2012).

Congruent with Guo and Hanley (2015), *guānxi* was present in this study and was important in interacting with a client for the first time. Xiao Sa shared an experience with Chinese clients in New York and their initial refusal. This is also discussed in Lauw (2016). Yi

Ze said she had to pretend to know everything to encourage her clients. This competence of the therapist was discussed in Chang et al. (2005) and supports the idea that therapeutic relationships need to have *guānxi* before the relationship can be formed (Guo & Hanley, 2015). This suggests that clients expect therapists to demonstrate their knowledge and skills before taking part in music therapy.

In changing how they speak with individuals, there were similar, different, and new findings. In general, Western-trained music therapists in this study do change how they speak with individuals. In her research, Lauw (2016) implemented this change by referring to older Chinese adult clients as uncle, sister, aunt, or grandmother in Chinese. It is unknown if these terms of respect for Chinese older clients were given to clients by Western-trained music therapists in this study. When observing sessions, it was difficult to maintain awareness of these titles given by music therapists and music therapy interns. I was a beginning Mandarin speaker and relied on an interpreter. The interns may have also thought it was not as important in their interpretations. Interpretations also started after the music therapist greeted the client and everyone had settled in the room.

Indirect communication is utilized by Western-trained music therapists in this study. Indirect communication as a characteristic of communication and language in Chinese culture is consistent with Epstein et al. (2014). It is also something that is encouraged in Taoism (Chang et al., 2015). The use of indirect communication by Western-trained music therapists in this study supports this literature's emphasis on the role of the therapist as the direct guide for their clients. Unlike in previous research, direct examples of indirect communication were shared. Xiao Sa communicated with words, such as "maybe" and "try" for this purpose. This suggests that using words that embody hope and expectation are important when communicating verbally. Without

indirect communication, the clients may leave. This continues to support Guo and Hanley (2015) who stated that therapists use expectation to build a rapid rapport even when they are unsure that the relationship will grow and develop.

Indirect communication through Chinese interpretations and translations is also essential in the findings of this study. Issues of Chinese interpretations for talk therapy were expressed in Chang et al. (2005). In this previous research, therapists stated problems, but did not offer solutions. Xiao Sa said that the translation of hospice to *lin zhong guan huai* was too strong. As a result, Chinese people would refuse to go to a hospice center. To remediate this issue, a new translation called *huan he yi liao* was created. This suggests that this translation may be a way to introduce hospice music therapy to Chinese people. This also suggests that even interpretations and translations need to convey indirect communication.

Western-trained music therapists in this study gave different cues in nonverbal and verbal formats. This was not mentioned in the literature above, but this provision of different cues may have been given a nod in Ip-Winfield et al. (2014) when non-language dependent methods were facilitated in music and movement. This non-language dependent method was also observed in movement to music in Yi Ze's middle-aged adult group as well as in her drum circle and improvisation experiences with the young adult group. Initially, I was not planning to talk about the drum circles and improvisation experiences in detail in the results section, because they resembled the framework of similar experiences in Western cultures.

Yi Ze discussed giving a different cue in verbal formats, because her clients needed to know right and wrong. Giving clients a different cue verbally was not previously covered in the literature. It does relate, though, to Chang et al. (2005) and direct guidance. A cue can offer encouragement, builds rapport with clients, and may demonstrate the willingness of the therapist

to help the client (Lauw, 2016). More precisely, cues need to be specific. This suggests that Chinese clients may need direct guidance through specific prompting and cues.

The use of expectation was a new idea in this study for Chinese people in therapy. This may be related to indirect communication as talked about above. Xiao Sa said that by not giving an expectation to clients, the client would not return to music therapy. This suggests that expectation is utilized to build rapid rapport with each client even when therapists are unsure if the therapeutic relationship will grow (Guo & Hanley, 2015). This also suggests that when an expectation is not given to clients, the process of *gǎnqíng* is not taking place (Lauw, 2016).

Other than indirect communication, the Western-trained music therapists in this study created expectation by telling successful stories to their clients and telling theory to doctors and medical staff. Yi Ze also said that she shared music therapy literature with her clients. This may also be related to *guānxi* and competence as stated earlier. Although information about client and professional perceptions was not included in this study, the differentiation of types of data communicated to clients and professionals may contribute to new information in the field of music therapy. These implications of expectation for Chinese clients as well as professionals in certain cultural contexts are notable. Ledger (2010) may offer some insights on the perceptions of interprofessional teams when starting music therapy services at healthcare organizations. Using ethnographic fieldwork as part of her methodology, she observed the interpersonal interactions of music therapists and professional staff, interviewed music therapists, and interviewed professional staff.

Besides giving expectation, telling stories, and using indirect communication, the Western-trained music therapists in this study used music to develop *guānxi*. This was the method that Yi Ze used to develop *guānxi* and build rapport with her clients. When she first

started at the hospital, she had no clients, and she went to patients' rooms to play music. Music could demonstrate to Chinese clients how willing therapists are in helping them in therapy through *gǎnqíng* (Lauw, 2016). *Gǎnqíng* is how much someone is willing to help the other person. Even though music is not a universal language, in this context, it is suggested that music can be used as a method to communicate with Chinese clients (Brown, 2002; Chase, 2003; Hadley & Norris, 2016; Moreno, 1988; Swamy, 2014). While there was no reference to music being used to build *guānxi* in the literature, I suspect there are a plethora of resources that discuss this connection of music with rapport building and the therapeutic relationship. In fact, music may assist music therapists in developing a quicker rapport with clients than in other therapies, because of qualities of the music (Kenny, 1999).

In this study, Western-trained music therapists gave their clients more time to explore music therapy, because many Chinese clients were shy and introverted. This may be due to the importance of social face in Chinese culture as discussed by several researchers (Epstein et al., 2012; Lauw, 2016; Song et al., 2015). This may also be due to aspects of indirect communication where Chinese people may express less emotion (Epstein et al., 2014). Giving more time is a new concept in working with Chinese clients. It may be that Western-trained music therapists in this study emphasized this more, because professionals at the hospital did not understand why clients needed time to respond. This is reflected in Yi Ze's comments:

Yi Ze: I think when I observe my supervisor work with her clients they will usually they will have time enough time to thinking especially for the people with like dementia. Usually they will need time to. They can't think even though the caregiver might say oh you can say something like that, but the therapist will say oh give client to think, but when here when I did session with dementia patients. There's a lot of caregivers doctors and nurse. They will force patient to say something quickly even though I say no I don't need her answer so quick you can give her time. But then the doctor and nurse will leave. They will not come anymore, because they feel it's waste of their time to do that thing. And they have no idea about why you need some many time to wait.

The Western-trained therapists in this study may also be comparing the use of Western music in other contexts as discussed above.

Yi Ze also expressed some confusion around this concept of time in Western practice with her culture:

Yi Ze: So for us it's very confused, because the music therapy we learn is very Western style and we accept it. We think it's right. We really like that philosophy, but we are Chinese people. We bring back to China. I don't know like how can I. It's very challenging for me to tell my client that It's okay you don't know how to do that. Just give yourself a little bit of time to know right and wrong.

The Western-trained music therapists made cultural adaptations based on these common qualities of personality in Chinese people. Xiao Sa became more mindful of warm-ups, especially in first sessions. She described an instance where she had facilitated an active music-making experience with older adults, but many chose not to play initially. Because I did not ask, it is uncertain what this warm-up would look like to the Western-trained music therapist. Yi Ze encouraged clients to sing songs with her three times. The group's volume increased over three opportunities from the first to last round of singing.

By giving clients time to explore music therapy, Yi Ze created opportunities for them to feel empowered in the session. She talked about this with her young adult group where her clients asked to include more melody in their improvisations and drum circles. In this way, she helped them realize their own power by giving them time to match and come together as a group. This is consistent with information about power in Kim (2013).

The music therapists also realized that *guānxi* varied depending on client demographics, such as age, education, and region. Referring to Chinese older adults using titles of respect was one example of *guānxi* with individuals of a certain age in Lauw (2016). As stated previously, it is uncertain whether these titles were used in this research. Besides the Lauw (2016), *guānxi* that

is dependent on the demographics of the individual is a new finding in the research. In Western contexts, there may be research that makes suggestions for rapport building with clients according to demographics, such as age.

In relation to giving an expectation, Western-trained music therapists adapt expectation depending on the individual. For instance, Xiao Sa stated that individuals may need to know the whole expectation, while others may not. Variations of this expectation are not available in the literature for a range of clients, especially for clients who may identify within subcultures of the dominant culture (Ratts, 2017). Xiao Sa also said the therapist needed to change how they told their story depending on the type of client in music therapy. This is similar to her thoughts on giving expectation. She gave a specific example in telling a story to a teenager. This suggests that instead of type, she may have meant age. In addition to age, Yi Ze said that education and socioeconomic status were also important to consider. As I mentioned in the previous section about “mixture” music, client demographics were not considered beyond age, gender, and ethnicity prior to the commencement of this research and needs to be considered to conduct research that meets multicultural competence (Hadley & Norris, 2016).

Lastly, Western-trained music therapists in this study use *guānxi* in collaboration with many individuals. I think one of the most important findings in the results was that music therapists develop and maintain *guānxi* with clients and doctors. This is different from Lauw (2016), which looked only at *guānxi* between the client and therapist. Western-trained music therapists also collaborated with many other people in this study including other therapists, acupuncturists, procedural support staff, and caregivers. These collaborations with other professionals suggest that music therapists develop and maintain *guānxi* with these individuals as well. This supports Lauw (2016) that indicates that *guānxi* is a form of networking.

Active and receptive experiences

In this study, Western-trained music therapists used both active and receptive music therapy experiences. These experiences were playing instruments, singing, drum circles, social skills through games, songwriting, improvisation, listening, music and imagery, and song discussion. Several research studies of Chinese clients used all active experiences (Brotons & Pickett-Cooper, 1994; Gao et al., 2013; Kwok, 2004; Lai et al., 2016). Ip-Winfield et al. (2014) focused exclusively on receptive experiences through their music-listening program. Other research used a combination of active and receptive experiences (Chen et al., 2014; Chen et al., 2016). These studies are consistent with the results of this study. It is suggested that Western-trained Chinese music therapists in this study use a combination of active and receptive experiences.

Multiple models of music therapy

The Western music therapists in this study both utilized the humanistic model of music therapy in combination with techniques from other models, such as the behavioral model. The use of the behavioral model by Yi Ze was to offer clear documentation to doctors. This suggests that documentation can also be an element that maintains *guānxi* with doctors. Xiao Sa also claimed that it was important to use a mix of models when working in China.

Upon review, Chen et al. (2014) discussed the utilization of models in music therapy with Chinese people. The music therapist in this study used an existential-humanistic approach or multiple models and was congruent with the findings of this study. Chen et al. was also incongruent with the findings, because the music therapy participants in this study did not use the existential model. Because there is still little known about the models utilized in music therapy with Chinese people, these are new findings. It is possible that findings in the developing and

maintaining *guānxi* category or other categories may have similarities to Yalom's therapeutic factors, such as Yalom's instillation of hope (Yalom, 1980). Although there may be similarities, it is important to examine these findings through the worldview of the Chinese music therapists (Bradt, 1997; Brown, 2002).

According to Chang et al. (2005), the behavioral model is the most popular model in China and utilizes a direct approach. This is supported by information in Chang et al. that Chinese people seek direct guidance from their therapists. In reviewing the literature for information about the humanistic model with Chinese people, only Epstein et al. (2012) talked about the model briefly. She recommended that adaptations in the humanistic model be made for Chinese people. The findings in the current research may be different from other helping professionals' practice due to music therapy's method of music. The humanistic model may have been the model utilized in the schools where both Western-trained music therapists in this study trained. This information remains uncertain. These findings suggest that a "mixture" of the humanistic model and other models may be appropriate in music therapy with Chinese clients. Xiao Sa also stated that she was influenced by the models of environmental music therapy and neurologic music therapy. Neither of these models of music therapy were identified or explained in the literature of the current study. This may be because I have not participated in neurologic music therapy training, and I know very little about environmental music therapy.

Because I am the next most familiar with models from marriage and family therapy, I was surprised that the results did not directly mention these models, particularly the use of contextual therapy. I thought the collective component in these models were more culturally appropriate for the Chinese family system (Dias et al., 2011). Although Xiao Sa did not mention a systems model in her work with patients, many of her sessions included caregivers who

attended and participated. Because Xiao Sa has a different worldview, she may view this inclusion of the family as cultural rather than identify it within a model (Bradt, 1997; Brown, 2002). A systems perspective could have remained invisible as a result. From the Western perspective, Forinash (2001) states, “Seldom have counseling professionals been adequately trained in the knowledge and skills of systems interventions necessary to acknowledge or deal with the sociopolitical forces affecting the lives of their clients...” (p. 45). It is possible that other Chinese music therapists may utilize other models including models that look more closely at context.

Mandarin Chinese

As expected, Western-trained music therapists in this study spoke or sang songs in Mandarin. This resembled the language practice of Kwok (2004) and Lauw (2016) except that they both spoke Mandarin and Cantonese in sessions. When recorded music was included, such as in Yi Ze’s group sessions, Western-trained music therapists included English songs. This finding is congruent with Ip-Winfield et al. (2014). The preference of English songs in addition to other languages was also found in Ip-Winfield and Grocke (2011). In their study, Chinese older adults requested English songs. This suggests that adults across multiple age ranges like or prefer songs in English. Western-trained music therapists in this study also utilized Mandarin and Chinese characters in songwriting and in singing experiences. By including the Mandarin language in this study, the results of this study agreed with Baker (2015).

Music Therapy is a Natural Therapy

Because music therapy is a natural therapy and does not require medication, Chinese clients may accept music therapy. This may be the first time in the music therapy literature that music therapy is labeled as a natural therapy. Music therapy as a natural therapy directly

correlates with Nagai (2013) that illness may be viewed as supernatural and natural. This may be indicative of the healing properties of music in Chinese culture (Li, 2015). Natural therapy may also be a shared concept with Eastern music therapy practices since prescriptions of Traditional Chinese Medicine are often in the form of herbs (Chang et al., 2005). Music therapy as a natural therapy is unique in the literature, because it offers the use of music wherein other therapy practices utilize talking as the method.

Careful assessment of pain. The findings of this research also found that the Western-trained music therapists in this study are careful to assess for pain. This is because Chinese people have a higher perceived tolerance for pain, which may result from patients refusing medication. Literature on pain and Chinese clients was not included in the literature as a result of my limited experience in the medical setting.

“Mixture” Music Therapy

Although these are all important implications for Chinese culture in Western music therapy practice, I believe that the first two categories on “mixture” music and *guānxi* are especially important. In fact, I think a lot of how music therapists incorporated the Chinese culture could be described as a “mixture.” This theme of a mix and “mixture” of elements is found in at least four of the six categories including using “mixture” music, using a variety of active and receptive experiences, using multiple models of music therapy, and using Chinese Mandarin language. This suggests that Chinese culture is a “mixture” and pulls from Chinese culture, Western culture, and from other cultures. This may indicate the younger generation’s acceptance of these values through the process of globalization (Chang et al., 2005; Guo & Hanley, 2015; Ip-Winfield et al., 2014; Swamy, 2014). Since this is the first study that has

looked at the inclusion of Chinese culture in music therapy practice, there may be other inferences or other forms of “mixture” that still remain “hidden messages” (Lauw, 2016).

Insider Information

The music therapists, clients, facility professionals, observations of music therapy sessions, recordings, and artifacts provided insider information about how music therapists incorporate Chinese culture in their practice. In comparison to outsider information, there were more sources, types of data, and information from the insider perspective that were retrieved and contributed to the results.

Professional 1 had different views on the types of music and instruments utilized by the music therapists in their sessions in comparison to the music therapists’ information. Professional 1 may have spoken about traditional Chinese music and Chinese traditional instruments, because they preferred classical music to pop. Professional 2 also said that elders liked classical music. Since the results of this research suggest that age is a determinant of musical preferences, the age of the professionals may also be a factor. Both professionals had busy schedules with one working as a medical doctor and administrator. In the past, professional 1 had attended some music therapy sessions, and Professional 2 had not observed any. Because they have had little or no experience observing music therapy, this suggests that their perceptions of music therapy may be different from the music therapists’ and each other’s. In the context of music therapy, the professionals were also considered outsiders.

The Western-trained music therapists in this study contributed in different ways to the results of this research. Xiao Sa only played live music, while Yi Ze played live and recorded music. When they played live music, both music therapists accompanied on a guitar. It remains uncertain how much of Xiao Sa’s music were original songs. Because Yi Ze utilized more

recorded music, it was easier to distinguish her original songs from those written by popular artists.

There was a difference between Xiao Sa and Yi Ze's style in developing *guānxi*. Xiao Sa told stories to clients and theory to doctors. Yi Ze informed doctors and medical staff by sharing information from the music therapy literature. Unlike Xiao Sa, Yi Ze also shared the literature with her clients. Yi Ze also explained that she uses music to develop *guānxi*. In observing the music therapists, I observed Xiao Sa using more verbal communication either alone or within song than Yi Ze. Yi Ze facilitated sessions with more nonverbal cues. This difference in communication styles suggests that there are at least two ways to develop *guānxi* with Chinese people. Even though the Western-trained music therapists had different styles, they both gave their clients opportunities for more time. Xiao Sa focused on a warm-up, and Yi Ze gave more time in other experiences, such as singing and improvisation. Their music therapy styles may have also been different, because they worked with different populations as noted previously. Music therapy services in continuation may have also influenced whom the therapists collaborate with. For instance, Xiao Sa collaborated with several caregivers, but in observing Yi Ze's sessions, caregivers were not in attendance. This suggests that psychiatric disorders are stigmatized in China, and as a result caregivers remain absent from sessions (Beer, 2015; Guo & Hanley, 2015; Li & Vivian, 2010; Tse et al., 2012).

This information from the emic perspective was dependent on both interpreters. Both interpreters were helpful and skillful in assisting me in understanding the observations I observed and the responses of client and facility professionals. It is possible that in any process of interpretation, original meanings can get lost or misconstrued. In one of Yi Ze's sessions, I told her and the interpreter that I could manage without interpretations in order to allow them to best

meet the needs of their clients. This may have also caused some meanings in the sessions to become lost.

Outsider Information

It was important for me to develop an observer and participant relationship with the participants in this study. This idea resembled that of the therapeutic relationship and the music therapists assisted me in building a bridge between their clients and myself. Because this study was for only a short period of time, I tried my best to remain cognizant and practice communication styles and empathy in as it relates to the Chinese culture, such as communicating more indirectly.

Journal notes were the outsider information for this study. As the outsider, it was helpful having another individual who already knew the client assist me in developing *guānxi*. It could have been more difficult since I am of a different culture and speak a different native language (Lauw, 2016). Having other individuals, particularly the Western-trained music therapists in this study, assist in *guānxi* was helpful and is consistent with suggestions of a befriending strategy in Tse et al. (2012). It is also consistent with having a third individual in Lauw (2016).

There were instances in the process where I thought I was an insider, because I identified as a Western-trained music therapist like the music therapist participants in this study. I felt familiar with some of the experiences that the music therapists facilitated, and this brought a level of comfort. As a result, I thought at times that I knew the answer. This may have caused me to use leading questions in my interview and could have had an affect on the research results.

In the results it was surprising to see an influence of other cultures in China, such as Spain and Japan. While I listed Europe as a region of the Western world in my literature review, it appears that I “othered” (Bateson, 2000) Spanish culture in my research and analysis process.

This suggests that I may have also used other forms of “othering” in various points in the research process.

Initially in the field research, I thought I remained cognizant of multicultural issues, and tried my best to be aware of myself as a White woman and how to best communicate with participants. In regards to race, I wrote this at the end of my trip in relation to my field research and vacationing in China.

My Journal: In regards to race on this trip, I think I haven’t let it get to me, or I haven’t felt less than. Maybe, because I feel like a traveler and not an alien on this trip. How would that be different? At times, I felt more like a commodity in China.

In China, I thought my appearance and white skin was labeled as a rarity. A few individuals, mostly women, would walk up to me. Without asking permission, they would take a picture with me. A square dance group also wanted to include me in their video. This label of rarity snuck up on me at the end of my trip, and I felt a lot of shame in that.

My Whiteness also came with labels that others gave me. In interviews, I gave participants an option to ask me questions. It was important to me to create a conversation rather than make the interview one-sided. Professional 1 asked me about my opinion of music therapy at the hospital and encouraged me to tell him and others how it could be better. I was taken by surprise. I thought he was giving me the title of expert, because I was White and educated in the West. This bothered me. The Western-trained music therapists in this study were highly qualified and did wonderful work with their clients, and so to me they were the experts. I had not even graduated with my Master’s degree yet.

Even with multicultural training, I still failed to recognize that my Whiteness in China still contained power in these two examples. As an ethnographic researcher, I wanted to steer clear of previous ethnographic researchers mistakes and the past colonial powers that influenced

their work (Stige, 2002). I began to view my appearance as the other as special in China when I had travelled to graciously experience the Chinese culture, which I greatly admired. While I was in the minority, I had also become the neo-colonial music therapist (Comte, 2016). Although this was my first experience as a minority in a culture, I believe there are other ways for me to acknowledge my differences without becoming conceited and arrogant.

In future research, I hope I can take this cultural immersion experience and approach research in China from a position that is more culturally empathetic (Brown, 2002). In writing a section in the literature about multicultural competence, I had every intention to conduct research from this lens. It was difficult to step outside my worldview for a short period of time as a researcher and traveler (Hadley & Norris, 2016; Topozada, 1995). I set out to learn about Chinese culture in music therapy by learning from Western-trained music therapists in this study, their clients, professionals, and individuals in the community by embracing the concept of cultural humility. In some ways, I think I was able to be mindful of my multicultural identity cross-culturally. In other ways as I talked about above, it was much more difficult.

This cultural immersion experience has changed me as a researcher and as a music therapist. In moving forward from these mistakes, I am more confident in being able to “bridge the chasm” between my clients and myself (Whitehead-Pleaux & Tan, 2017). I also can embrace a greater sense of cultural humility that was not present in my work before this field research.

Limitations

There were limitations in the ethnographic research design of this study. First, the participants of this study were identified through a snowball, convenience sample. Music therapist participants were located through word of mouth in the music therapy community. Yi Ze and Interpreter 2 recommended clients and facility professionals for interviews. This

convenience sample could have created a biased perspective. At the time, I wrote about my thoughts in interviewing these professions:

Journal: The facility professionals work closely with music therapist here, and [I thought it would be better than the facility professional who was a manager higher up, because they don't see music therapists work as much, but maybe I'm wrong. I guess I don't know until later, and it is all a process. Process is good.]

The small number of music therapist participants and observations limited the results as well. I became worried about having enough participants and observations at the beginning of the field research. I talked about some frustrations I had early on.

Journal: I also became frustrated with the music therapist, because [it seemed she was forgetting to ask for consent.]...After talking with Melody though, she helped me to realize that just being able to observe two is pretty awesome. She is absolutely right. I had/have very high expectations for my research and for this trip...[I need to find ways to enjoy this experience to the fullest. I have not been enjoying the entire process, because I am focused on an outcome.]

The field research took place for 2 days observing Xiao Sa's sessions and 3 days observing Yi Ze's sessions. In comparison to many ethnographic studies that take place for months or even years, this was a short period of time. This limits the information that was gathered and the reliability of its findings. The field research took place at one facility in one city. This limited the study and its findings to one context in China and leaves some uncertainty as to whether these findings can extend to other regions in China where music therapists work.

By having a flexible observer role in the study, I was able to adapt to the most appropriate role with each music therapist. Because of the changing roles from full observer in Xiao Sa's sessions to full participant with Yi Ze's sessions, my notes were more detailed in the sessions I observed. To try to compensate for this, I reviewed recordings of Yi Ze's sessions. Having an observer and participant lens may have given me two different lenses in these sessions.

During at least one interview with a client, I became aware that I used a child's interview guide instead of an adult one. Fortunately, I made adaptations and filled in the gaps of the interview in the moment. The interview transcripts created another issue for the interpreters and me. When I wrote the transcripts, I used many large words, such as "incorporated." I found in asking interview questions that this word as well as a few other terms were difficult for the interpreters to interpret to the participants. As a result, I improvised interview questions on the spot, and they were not consistent for each type of participant interviews.

As a beginning Chinese Mandarin speaker, I was limited in my understanding of sessions and relied on interpreters to translate information in observations and interview. It's possible that through the natural process of translation that the meanings in observations and interviews were not fully realized.

Although I had clinical experience in the mental health and medical setting, I did not have experience providing music therapy services to patients who had experienced a stroke or who were in pulmonary and cardiac care. It is unclear to me if neurologic music therapy techniques were utilized when I observed Xiao Sa's sessions since I have no previous training in that model. This could have swayed my results.

This study may have implications for music therapists who provide services to Chinese people. Music therapists need to proceed with caution and care in implementing techniques, concepts, and ideas from this study. The results of this study may not generalize in other contexts. There are a diverse dynamic of cultures within one context, and individuals can identify within several sub-cultures (Ratts, 2017). Music therapists must consider intersectionality.

Recommendations for Future Research

More research in China and with Chinese people needs to take place to support the practice of music therapy with this group. For future research, I want to encourage Chinese music therapists to continue this research examining how to include their culture in music therapy practice. While I offer some insight into this process as a White woman, I think it is important for Chinese music therapists to determine this about their own culture as well. I am unable to understand the full phenomenon of Chinese culture. In collaboration, Chinese music therapists and therapists from other cultures could also look at the etic and emic perspectives using a comparative and duo-ethnographic research design. Future research could also look at how music therapists in China incorporate Chinese culture and compare this to the practice of music therapists in the West. This could help determine the differences of Western music therapy practices in the West and China.

There are currently few sources that describe the practice of music therapists who have trained in China from either a Western or Eastern perspective. By studying the music therapy practice of Western-trained music therapists in China, Chinese-trained music therapists in China, and Eastern-trained music therapists in China, more may be revealed about how Chinese culture can be included in Western music therapy. This could be determined observing similarities and differences in their work.

I think that future research needs to look at how to adapt active and receptive music therapy interventions for inclusion of Chinese culture, such as interventions in neurologic music therapy, songwriting, and movement to music. Neurologic music therapy techniques and songwriting were mentioned only briefly in this study. Because songwriting was facilitated using Mandarin and Chinese characters, Western music therapists may need to consider how to include

language as well as other cultural considerations, such as the role of songs in China, the therapeutic relationship, gender, religion, and other intersections of culture (Baker, 2015). The role of groups, such as family, community, and the nation may also have a role in songwriting.

For future research, it is suggested in related research that the researcher inquire more about the music and genres utilized in music therapy sessions. It would be informative to know the age of each client to look more closely at this trend of age and preferred music. Lastly, it would be best to use the simplest language in interview transcripts. I would also recommend that the researcher have a Chinese translation printed for the interpreters. If the researcher needs to change the questions of interviews in order to create understanding in the interview conversation, it would be best for the researcher to write down the question framework that was successful for the next interview.

Conclusion

The purpose of this study was to understand how Western-trained music therapists in China incorporate Chinese culture into their music therapy practice. Western-trained music therapists in this study have adapted their practice for inclusion of Chinese culture in several different ways. Western-trained music therapists in this study use a “mixture” of music from different cultures, genres, and through the use of different instruments. Preferences of music were found to be determinant of client demographics. Western-trained music therapists in this study develop and maintain *guānxi* with not only their clients, but through collaboration with doctors, other facility professionals, and caregivers by changing how they talk to different individuals, giving different cues, using music, and giving clients time to explore music therapy. By giving clients and doctors an expectation, telling clients successful stories, telling theory of

music therapy to doctors, and using indirect communication with clients, Western-trained music therapists in this study could change how they talked with various people.

Both Western-trained music therapists in this study utilized a variety of active and receptive music making experiences using experiences, such as singing, songwriting, playing instruments, improvisation, drum circles, social skills with games, listening, music and imagery, and song discussion. Western-trained music therapists in this study were more likely to use a “mixture” of models. During each session, the music therapists spoke and facilitated song using Mandarin Chinese. English songs were played through recordings. The written Chinese language was implemented in songwriting and singing experiences. These Western-trained music therapists practiced music therapy with the knowledge that it was a natural therapy, medication was not necessary, and that Chinese people may accept music therapy as a result.

Western-trained music therapists in this study have made many adaptations for inclusion of Chinese culture in their practice. Although there was some confusion in how to present music therapy in a culturally appropriate way for Chinese clients, as noted by Yi Ze, both Xiao Sa and Yi Ze managed to find a “mixture” of Chinese and Western traditions that is authentic to their practice and meets the needs of their clients.

Future research on the inclusion of Chinese culture is needed from the perspectives of Chinese music therapists. Future research also needs to explore comparative research designs to look at differences in music therapy practice with Chinese clients in China and in Western contexts. Music therapists also need to examine how to include Chinese culture in music therapy interventions, such as techniques in neurologic music therapy, songwriting, and movement to music.

I end with a quote from Yi Ze in hopes of inspiring Chinese music therapists and other music therapists who are exploring new territory in our field. In this quote, she told me about the unknowns in music therapy and the encouragement from her mentor:

Yi Ze: She just encourage me to try everything. And in that moment actually it's very frustrating for me, because I don't know which way I should go. Each way I don't know. I never go. I never experience this kind of thing before so I'm afraid, and she encourage me and she told me like each road you have to go then you know what's that. If you don't go, nobody can tell you what's that. So I think that really encourage me when I worked there. There's a lot of unknown and so I should go. I should do then I know how to deal with some situation even though there's a lot of problem comes up. But I should keep working. Then, I will face those problems and I deal with. I can come up with some idea to deal with them. I can move forward...

References

- American Music Therapy Association. (2012). *A descriptive statistical profile of the AMTA membership*. Retrieved from <http://www.musictherapy.org/assets/1/7/12WorkforceAnalysis.pdf>
- American Music Therapy Association. (2017a). *A career in music therapy*. Retrieved from <http://www.musictherapy.org/careers/employment/>
- American Music Therapy Association. (2017b). *FAQ's*. Retrieved from <http://www.musictherapy.org/faq/#187>
- American Music Therapy Association. (2017c). *Music therapy with specific populations: Fact sheets, resources & bibliographies*. Retrieved from <http://www.musictherapy.org/research/factsheets/>
- American Psychological Association. (2017). *Cognitive psychology*. Retrieved from <http://www.apa.org/ed/graduate/specialize/counseling.aspx>
- Anderson, G. L., Herr, K., & Nihlen, A. S. (2007). *Studying your own school: An educator's guide to practitioner action research*. (2nd ed.). Thousand Oaks, CA: Corwen Press.
- Appalachian State University. (2017). *Human subjects: Institutional review board*. Retrieved from <https://researchprotections.appstate.edu/human-subjects>
- Baker, F. (2015). *Therapeutic songwriting: Developments in theory, methods, and practice*. London, UK: Jessica Kingsley Publishers.
- Baker, F., & Grocke, D. (2009). Challenges of working with people aged 60-75 years from culturally and linguistically diverse groups: repertoire and music therapy approaches employed by Australian music therapists. *Australian Journal of Music Therapy*, 20, 30–55.

- Bateson, G. (2000). *Steps to an ecology of mind*. Chicago, IL: University of Chicago Press.
- Beer, L. E. (2015). Crisscrossing cultural divides: Experiences of US-training Asian music therapists. *Qualitative Inquiries of Music Therapy*, 10(4), 127–173.
- Berk, L. E. (2018). *Development through the lifespan* (7th ed.). Boston, MA: Pearson Education.
- Bolger, L. (2012). Music therapy and international development in action and reflection: A case study of a women's music group in rural Bangladesh. *Australian Journal of Music Therapy*, 23, 22–39.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24, 137–143.
- Brotons, M., & Pickett-Cooper, P. (1994). Preferences of Alzheimer's disease patients for music activities: Singing, instruments, dance/movement, games, and composition/improvisation. *Journal of Music Therapy*, 31, 220-233.
- Brown, J. (2002). Towards a culturally centered music therapy practice. *Voices: A World Forum for Music Therapy*, 2(1). Retrieved from <https://voices.no/index.php/voices/article/view/72/62>
- Bruscia, K. E. (1998). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Bryson, B. (2016). Social justice, race, and racism in social service programs. [Presentation].
- Central Intelligence Agency. (2017). *The world factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ch.html>
- Cevasco, A. M., & Vanweelden, K. (2010). An analysis of songbook series for older adult populations. *Music Therapy Perspectives*, 28, 37-78.

- Chang, D. F., Tong, H., Shi, Q., & Zeng, Q. (2005). Letting a hundred flowers bloom: Counseling and psychotherapy in the People's Republic of China. *Journal of Mental Health Counseling, 27*(2), 104–116.
- Chase, K. M. (2003). Multicultural music therapy: A review of literature. *Music Therapy Perspectives, 21*, 84–89.
- Chen, C., Sung, H., Lee, M., & Chang, C. (2015). The effects of Chinese five-element music therapy on nursing students with depressed mood. *International Journal of Nursing Practice, 21*(2), 192–199.
- Chen, X. J., Hannibal, N., Xu, K., & Gold, C. (2014). Group music therapy for prisoners: Protocol for a randomised controlled trial. *Nordic Journal of Music Therapy, 23*, 224–241.
- Chen, X.J., Hannibal, N., & Gold, C. (2016). Randomized trial of group music therapy with Chinese prisoners: Impact on anxiety, depression, and self-esteem. *International Journal of Offender Therapy and Comparative Criminology, 60*, 1064-1081.
- Comte, R. (2016). Neo-colonialism In Music Therapy: A critical interpretive synthesis of the literature concerning music therapy practice with refugees. *Voices: A World Forum for Music Therapy, 16*(3). Retrieved from <https://voices.no/index.php/voices/article/view/865/735>
- Connor, N. (2017). Beijing moves to bolster its great firewall of China. Retrieved from <http://www.telegraph.co.uk/news/2017/07/11/beijing-moves-bolster-great-firewall-china/>
- deShazer, S., & Berg, I. K. (1986). Brief therapy: Focused solution development. *Family Process, 25*, 207–221.

- Dias, J., Chan, A., Ungvarsky, J., Oraker, J., & Cleare-Hoffman, H. P. (2011). Reflections on marriage and family therapy emergent from international dialogues in China. *The Humanist Psychologist*, 39, 268–275.
- dos Santos, A. (2005). The role of culture in group music therapy in South Africa. *Voices: A World Forum for Music Therapy*, 5(2). Retrieved from <https://voices.no/index.php/voices/article/view/225/169>
- Epstein, N. B., Berger, A. T., Fang, J. J., Messina, L. A., Smith, J. R., Lloyd, T. D., ... Liu, Q. X. (2012). Applying Western-developed family therapy models in China. *Journal of Family Psychotherapy*, 23, 217–223. doi:10.1080/08975353.2012.705661.
- Epstein, N. B., Curtis, D. S., Edwards, E., Young, J. L., & Zheng, L. (2014). Therapy with families in China: Cultural factors influencing the therapeutic alliance and therapy goals. *Contemporary Family Therapy*, 36, 201–212.
- Ericksen, T. H. (2010). *Small places, large issues: An introduction to social and cultural anthropology*. (4th ed.). London, UK: Pluto Press.
- Forinash, M. (2001). *Music therapy supervision*. Gilsum, NH: Barcelona Publishers.
- Gadberry, A. (2014). Cross-cultural perspective: A thematic analysis of a music therapist's experience providing treatment in a foreign country. *Australian Journal of Music Therapy*, 25, 66–80.
- Gao, T., O'Callaghan, C., Magill, L., Lin, S. S., Zhang, J. H., Zhang, J. W., ... Shi, X. M. (2013). A music therapy educator and undergraduate students' perceptions of their music project's relevance for Sichuan earthquake survivors. *Nordic Journal of Music Therapy*, 22, 107–130.

- Gibbons, A. C. (1977). Popular music preferences of elderly people. *Journal of Music Therapy*, 14, 180-189.
- Guo, F., & Hanley, T. (2015). Adapting cognitive behavioral therapy to meet the needs of Chinese clients: Opportunities and challenges. *Psych Journal*, 4(2), 55-65.
- Hadley, S., & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives*, 34, 129–137.
- Hanks, K. J. (1992). Music, affect, and imagery: A cross-cultural exploration. *Journal of the Association for Music and Imagery*, 1, 19-31.
- Hogan, T. J., & Silverman, M. J. (2015). Coping-infused dialogue through patient-preferred live music: A medical music therapy protocol and randomized pilot study for hospitalized organ transplant patients. *Journal of Music Therapy*, 53, 420-436.
- Hong Kong Music Therapy Association. (2016). Hong Kong music therapy association: Promoting the profession and practice of music therapy. Retrieved from <https://www.musictherapyhk.org>
- Hou, Z. J., & Zhang, N. J. (2007). Counseling psychology in China. *Applied Psychology: An International Review*, 56(1), 33-50.
- Hsiao, F. (2011). From the idea to the real world: A phenomenological inquiry into study sojourners' reentry adaptation. *Journal of Music Therapy*, 48, 420–439.
- Huang, H. (2011). Why Chinese people play Western classical music: Transcultural roots of music philosophy. *International Journal of Music Education*, 30(2), 161-176.
- Ip-Winfield, V., & Grocke, D. (2011). Group music therapy methods in cross-cultural aged care practice in Australia. *Australian Journal of Music Therapy*, 22, 59–78.

- Ip-Winfield, V., Wen, Y. Q., & Yuen, C. (2014). Home-based music therapy for the aged Chinese community in Melbourne: Challenges and outcomes. *Australian Journal of Music Therapy*, 25, 122–134.
- Jonas, J. (1991). Preferences of elderly music listeners residing in nursing homes for art music, traditional jazz, popular music of today, and country music. *Journal of Music Therapy*, 28, 149-160.
- Kenny, C. (1999). Beyond this point there be dragons: Developing concepts for general theory in music therapy. *Nordic Journal of Music Therapy*, 8, 127-136.
- Kim, S. A. (2013). Re-discovering voice: Korean immigrant women in group music therapy. *Arts in Psychotherapy*, 40, 428-435.
- Kimura, H., & Nishimoto, Y. (2017). Choirs in two countries-a study of community music therapy for the older adults in Norway and Japan. *World Forum for Music Therapy*, 17(1). Retrieved from <https://voices.no/index.php/voices/article/view/860>
- Kwok, K. (2004). *Preferences of Chinese Alzheimer's patients for music therapy activities: singing, instruments, games, dance/movement, and composition/improvisation*. (Unpublished thesis). Western Michigan University, Kalamazoo, MI.
- Lai, C. K. Y., Lai, D. L. L., Ho, J. S. C., Wong, K. K. Y., & Cheung, D. S. K. (2016). Interdisciplinary collaboration in the use of a music-with-movement intervention to promote the wellbeing of people with dementia and their families: Development of an evidence-based intervention protocol. *Nursing and Health Sciences*, 18, 79–84.
- Latham, K. (2007). *Pop culture China!: Media, arts, and lifestyle*. Santa Barbara, CA: ABC-CLIO.

- Lauw, E. (2016). Mianzi and other social influences on music therapy for older Chinese people in Australian aged care. *Australian Journal of Music Therapy*, 27, 57–68.
- Ledger, A. (2010). *Am I a founder or am I a fraud? Music therapists' experiences of developing services in healthcare organizations* (Doctoral dissertation, University of Limerick). Retrieved from https://ulir.ul.ie/bitstream/handle/10344/1131/Ledger_PhD_2010.pdf?sequence=6
- Leung, S. A., & Chen, P. H. (2009). Counseling psychology in Chinese communities in Asia: Indigenous, multicultural, and cross-cultural considerations. *The Counseling Psychologist*, 37, 944-966.
- Leung, H. Y. A., Wilson, B. L., Roth, E. L., & Smith, D. S. (2014). The re-entry experiences of international music therapy professionals from the Asia Pacific rim area. *Australian Journal of Music Therapy*, 25, 45-65.
- Li, B. (2015). *Defining music therapy: Integrating the Chinese perspective and the United States-influenced model of music therapy*. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwj02ce64sDSAhVqJsAKHRHrAywQFggmMAE&url=https%3A%2F%2Fkuschoolarworks.ku.edu%2Fbitstream%2Fhandle%2F1808%2F19436%2FLi_ku_0099M_14082_DAT_A_1.pdf%3Bsequ&usg=AFQjCNEV6cwvi1DAjs1nWdaLRGTqBzuAUA
- Li, Y., & Vivian, L. (2010). Applying the Satir model of counseling in Mainland China: Illustrated with case studies. *The Satir Journal*, 4(1), 24–52.
- Liao, J., Yang, Y., Cohen, L., Zhao, Y., & Xu, Y. (2013). Effects of Chinese medicine five-element music on the quality of life for advanced cancer patients: A randomized controlled trial. *Chinese Journal of Integrative Medicines*, 10, 736–740.

- Mahoney, E. R. (2015). Multicultural music therapy: An exploration. *Voices: A World Forum for Music Therapy*, 15(2). Retrieved from <https://www.voices.no/index.php/voices/article/view/844https://voices.no/index.php/voices/article/view/72/62>
- Matsumoto, D., & Juang, L. (2013). *Culture and psychology* (5th Ed.). Belmont, CA: Wadsworth Cengage Learning.
- Mannich, R. S. (2017, March). *Mindful movement: Qigong for music therapists*. Session presented at the conference of the Southeastern Region of the American Music Therapy Association, Chapel Hill, NC.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.
- Miller, J. K., & Fang, X. Y. (2012). Marriage and family therapy in the People's Republic of China: Current issues and challenges. *Journal of Family Psychotherapy*, 23, 173–183.
- Mondanaro, J. F. (2016). Multiculturally focused medical music psychotherapy in affirming identity to facilitate optimal coping during hospitalization. *Music Therapy Perspectives*, 34, 154–160.
- Moreno, J. (1988). Multicultural music therapy: The world music connection. *Journal of Music Therapy*, 25, 17–27.
- Nagai, C. (2013). Responding to culturally based spiritual experiences in clinical practice from East Asian perspectives. *Mental Religion, & Culture*, 16, 797–812.
- Ng, W. M. (2015). Chinese music programme: 'Harvest.' In D. Grocke & T. Moe (Eds.), *Guided imagery and music (GIM): And music imagery methods for individual and group therapy*. (pp. 319–328). London, UK: Jessica Kingsley Publishers.

- Paulson, S. (2011). The use of ethnography and narrative interviews in a study of 'cultures of dance'. *Journal of Health Psychology, 16*, 148–157.
- Ratts, M. (2017). Charting the center and the margins: Addressing marginalization, and privilege in counseling. *Journal of Mental Health Counseling, 39*(2), 87–103.
- Rolvsjord, R. (2004). Therapy as empowerment: Clinical and political implications of empowerment philosophy in mental health practices of music therapy. *Nordic Journal of Music Therapy, 13*, 99-111.
- Scharff, D. (2014). Five things Western therapists need to know for working with Chinese therapists and patients. *International Journal of Applied Psychoanalytic Studies, 11*(1), 48–59.
- Schwantes, M. (2015). Choosing the right interpreter: Reflections on my experience. *Voices: A World Forum for Music Therapy, 15*(2). Retrieved from <https://www.voices.no/index.php/voices/article/view/820>
- Schwantes, M., McKinney, C., & Hannibal, N. (2014). Music therapy's effects on levels of depression, anxiety, and social isolation in Mexican farmworkers living in the United States: A randomized controlled trial. *The Arts in Psychotherapy, 41*, 120–126.
- Schwantes, M., Wigram, T., McKinney, C., Lipscomb, A., & Richards, C. (2011). The Mexican corridor and its use in a music therapy bereavement group. *Australian Journal of Music Therapy, 22*, 2–20.
- Shi, Q., Liu, X., & Leuwerke, W. (2014). Students' perceptions of school counselors: An investigation of two high schools in Beijing, China. *The Professional Counselor, 4*, 519-530.

- Shibusawa, T. (2008). Interracial Asian couples. In M. McGoldrick & K.V. Hardy (Eds.), *Re-visioning family therapy: Race, culture, and gender in clinical practice*. (2nd ed.; pp. 378-388). New York, NY: The Guildford Press.
- Sibin, W. (2013). Different interpretations of social work in China. *Chinese Education and Society*, 46(6), 7-15.
- Song, X., Anderson, T., Beutler, L. E., Sun, S., Wu, G., & Kimpara, S. (2015). Cultural adaptation in measuring common client characteristics with an urban Mainland Chinese sample. *Psychotherapy Research*, 25, 473–483.
- Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona Publishers.
- Stige, B. (2010). Musical participation, social space, and everyday ritual. In B. Stige, G. Ansdell, C. Elefant, & M. Pavilicevic (Eds.), *Where music helps: Community Music Therapy in action and reflection*. (pp. 125-150). Farnham, UK: Ashgate.
- Stige, B., & Ledger, A. (2016) Ethnographic research. In B. L. Wheeler & K. M. Murphy (Eds.), *Music therapy research*. (pp. 408–420). New Braunfels, TX: Barcelona Publishers.
- Sun, J., Zhang, N., Buys, N., Zhou, Z. Y., Shen, S. Y., & Yuan, B. J. (2013). The role of tai chi, cultural dancing, playing an instrument and singing in the prevention of chronic disease in Chinese older adults: A mind-body meditative approach. *International Journal of Mental Health Promotion*, 15, 227–239.
- Swamy, S. (2014). Music therapy in the global age: Three keys to successfully culturally centered practice. *New Zealand Journal of Music Therapy*, 12, 34–57.
- Taephant, N., Rubel, D., & Champe, J. (2015). A grounded theory of Western-trained Asian group leaders leading groups in Asia. *The Journal for Specialist in Group Work*, 40(1), 74–101.

- The Certification Board for Music Therapists. (2014). *Board certification domains*. Retrieved from http://www.cbmt.org/upload/CBMT_Board_Certification_Domains_2015.pdf
- Topozada, M. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. *Journal of Music Therapy*, 32, 65–90.
- Tse, S., Ng, R. M. K., Tonsing, K. N., & Ran, M. S. (2012). Families and family therapy in Hong Kong. *International Review of Psychiatry*, 24(2), 115–120.
- Tseng, W. S. (2004). Culture and psychotherapy: Asian perspectives. *Journal of Mental Health*, 13(2), 151-161.
- Walworth, D. D. (2010). Effect of live music therapy for patients undergoing magnetic resonance imaging. *Journal of Music Therapy*, 48, 335-350.
- Whitehead-Pleaux, A., & Tan, X. (2017). *Cultural intersections in music therapy: Music, health, and the person*. Dallas, TX: Barcelona Publishers.
- World Federation of Music Therapy. (2014). *Regional information*. Retrieved from http://www.musictherapyworld.net/WFMT/Regional_Information.html
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.
- Yehuda, N. (2002). Multicultural encounters in music therapy: A qualitative research. *Voices: A World Forum for Music Therapy*, 2(3). Retrieved from <https://www.voices.no/index.php/voices/article/view/100>
- Yeung, H. C. I., Baker, F., & Shoemark, H. (2014). Song preferences of Chinese older adults living in Australia. *Australian Journal of Music Therapy*, 25, 103–121.
- Young, L. (2016). Multicultural musical competence in music therapy. *Music Therapy Perspectives*, 34, 127–128.

Zhang, J. W., Gao, T., & Liu, M. M. (2016). Music therapy in China. *Music & Medicine*, 8(1), 67–70.

Appendix A

Music Therapist Consent Form

Consent to Participate in Research *Information to Consider About this Research*

Understanding how Chinese Culture is Incorporated into Western-trained Music Therapists' Sessions in China: Ethnographic Study

Principal Investigator: Jessica Donley
Department: Music Therapy
Contact Information:

Jessica Donley
407 Welcome Way
Boone, NC 28607
(318)655-5947
donleyj@appstate.edu

Dr. Melody Schwantes Reid
Rm 316C, Edwin Duncan Hall
828-262-8216
ms18994@appstate.edu

You are being invited to take part in a research study about *how Chinese culture is incorporated into Western-trained music therapists' sessions in China*. If you take part in this study, you will be one of about 50 people to do so. By doing this study we hope to learn ways to *adapt music therapy to meet the cultural needs of Chinese people in China and possibly in other locations*.

The research procedures will be conducted at *the music therapists' facility of work*.

You will be asked to conduct music therapy sessions with your clients while the researcher and interpreter observe and audio record your sessions. You will also be asked to participate in an interview with the researcher and interpreter and answer questions related to this study. The researcher will also audio record this interview with you.

What are possible harms or discomforts that I might experience during the research?

To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

What are the possible benefits of this research?

There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by determining how to provide music therapy to Chinese people that is culturally appropriate.

Will I be paid for taking part in the research?

We will not pay you for the time you volunteer while being in this study.

How will you keep my private information confidential?

This study is confidential. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what that information is. Your name will be kept separate from information, replacing names with numbers. Your data will be protected under the full extent of the law.

Data and identifying information (e.g., audio recordings) will be kept indefinitely, but all information will be stripped of identifiers without anyone knowing it is information from you the participant.

Who can I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at (318)655-5947 or donleyj@appstate.edu. If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at irb@appstate.edu or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

Do I have to participate? What else should I know?

Your participation in this research is completely voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. If you decide to participate in this study, let the research personnel know. A copy of this consent form is yours to keep.

This research project has been approved by the Institutional Review Board (IRB) at Appalachian State University.

This study was approved on:

This approval will expire on _____ unless the IRB renews the approval of this research.

参加研究同意书
此研究的主要事项

了解在中国，中国文化如何嵌入西方音乐疗法的训练：使用人种志研究方法

□目主要□□人: Jessica Donley

院系: 音□□法

□系方法:

Jessica Donley
407 Welcome Way
Boone, NC 28607
(318)655-5947
donlevji@appstate.edu

Dr. Melody Schwantes Reid
Rm 316C, Edwin Duncan Hall
828-262-8216
ms18994@appstate.edu

您被邀请参加一个名为“了解在中国，中国文化如何嵌入西方音乐疗法的训练”的研究项目。如果您同意加入这项研究，您将成为五十个自愿参加者之一。通过这个研究，我们希望获得一些方法有助于音乐疗法融入中国人在中国或者其他地方的文化需要。

此研究的研究过程将在音乐疗法的

您将被要求在您同您的客户进行音乐疗法的同时，此研究者及翻译可以进行观察及录音。您也会被要求参加一个与研究者和翻译的访问。您需要回答一下与此研究相关的问题。此次访问也将被录音。

在此次研究，您可能会有哪些不愉快的经历？

据我所知，该研究会导致的不愉快经历的程度会低于您在生活中的日常经历。

此次研究会给您带来哪些益处？

参考此研究将不会带来任何个人益处。但是由此研究所得到的信息将有利于今后的如何提供具有文化特点的音乐疗法。

参加此研究我会有经济赔偿吗？

我们在此次研究者将不会就您自由投入的时间给予经济补偿。您将如何保证我的提供的信息的安全保密的？

此研究是保密的。我们将力保您所提供的信息不被研究小组以外的人知道。您的姓名将和您所提供的信息分开。我们会用数字来代替名字。您的数据将受到法律保护。

数据及其他可分辨信息，例如：录音 将会被无限期保留，但所有有助于确认身份的信息将会被去除。确保无人能认出参与者。

如果我有任何问题我可以问谁？

进行此研究人员现在和将来会为您解答有关于这个研究的所有问题。您可以通过打(318)655-5947 或者发邮件 donlevji@appstate.edu 联系项目研究员。如果您有任何参与才研究的相关权利问题，您可以与阿巴拉契亚大学机构审核委员会联系。白天电话: 828-262-2692, 电子邮件: irb@appstate.edu。地址是阿巴拉契亚大

学, 研究办公室, 机构审核委员会, 布恩, 北卡, 邮编: 28608。Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

我必须参加吗? 还有什么需要知道?

您的加入来自于自愿。如果您不愿参加, 将不会有惩罚或失去现有的权利的权益。如果您决定参与, 您有权随时退出。如果您决定参与, 请让研究者知道。您将可以保留您的同意书。

此研究项目已被阿巴拉契亚大学机构审核委员会通过。

此研究在 通过。

此研究将会在 失效。除非阿巴拉契亚大学机构审核委员会再次审核同意。

Minimal Risk Client Consent Form

Consent to Participate in Research *Information to Consider About this Research*

Understanding how Chinese Culture is Incorporated into Western-trained Music Therapists' Sessions in China: Ethnographic Study

Principal Investigator: Jessica Donley
Department: Music Therapy
Contact Information:

Jessica Donley
407 Welcome Way
Boone, NC 28607
(318)655-5947
donleyj@appstate.edu

Dr. Melody Schwantes Reid
Rm 316C, Edwin Duncan Hall
828-262-8216
ms18994@appstate.edu

You are being invited to take part in a research study about *how Chinese culture is incorporated into Western-trained music therapists' sessions in China*. If you take part in this study, you will be one of about 50 people to do so. By doing this study we hope to learn *ways to adapt music therapy to meet the cultural needs of Chinese people in China and possibly in other locations*.

The research procedures will be conducted at *the music therapists' facility of work*.

You will be asked to participate in your music therapy session while the researcher and interpreter observes and audio records you or the person you're consenting for in this study. You will also be asked to also participate in an interview with the researcher interpreter and answer questions about this study.

What are possible harms or discomforts that I might experience during the research?

To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

What are the possible benefits of this research?

There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by determining how to provide music therapy to Chinese people that is culturally appropriate.

Will I be paid for taking part in the research?

We will not pay you for the time you volunteer while being in this study.

How will you keep my private information confidential?

This study is confidential. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what that information is. Your name will be kept separate from information, replacing names with numbers. Your data will be protected under the full extent of the law.

Data and identifying information (e.g., audio recordings) will be kept indefinitely, but all information will be stripped of identifiers without anyone knowing it is information from you the participant.

Who can I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at (318)655-5947 or donleyj@appstate.edu If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at irb@appstate.edu or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

Do I have to participate? What else should I know?

Your participation in this research is completely voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. If you decide to participate in this study, let the research personnel know. A copy of this consent form is yours to keep.

This research project has been approved by the Institutional Review Board (IRB) at Appalachian State University.

This study was approved on:

This approval will expire on _____ unless the IRB renews the approval of this research.

参加研究同意书 此研究的主要事项

了解在中国，中国文化如何嵌入西方音乐疗法的训练：使用人种志研究方法

□目主要□□人: Jessica Donley

院系: 音□□法

□系方法:

Jessica Donley

407 Welcome Way

Boone, NC 28607

(318)655-5947

donleyj@appstate.edu

Dr. Melody Schwantes Reid

Rm 316C, Edwin Duncan Hall

828-262-8216

ms18994@appstate.edu

您被邀请参加一个名为“了解在中国，中国文化如何嵌入西方音乐疗法的训练”的研究项目。如果您同意加入这项研究，您将成为五十个自愿参加者之一。通过这个研究，我们希望获得一些方法有助于音乐疗法融入中国人在中国或者其他地方的文化需要。

此研究的研究过程将在音乐疗法的工作场所。

您将被要求在您同您的客户进行音乐疗法的同时，此研究者及翻译可以进行观察及录音。您也会被要求参加一个与研究者和翻译的访问。您需要回答一下与此研究相关的问题。此次访问也将被录音。

在此次研究，您可能会有哪些不愉快的经历？

据我所知，该研究会导致的不愉快经历的程度会低于您在生活中的日常经历。

此次研究会给您带来哪些益处？

参考此研究将不会带来任何个人益处。但是由此研究所得到的信息将有利于今后的如何提供具有文化特点的音乐疗法。

参加此研究我会有经济赔偿吗？

我们在此次研究者将不会就您自由投入的时间给予经济补偿。您将如何保证我的提供的信息的安全保密的？

此研究是保密的。我们将力保您所提供的信息不被研究小组以外的人知道。您的姓名将和您所提供的信息分开。我们会用数字来代替名字。您的数据将受到法律保护。

数据及其他可分辨信息，例如：录音 将会被无限期保留，但所有有助于确认身份的信息将会被去除。确保无人能认出参与者。

如果我有任何问题我可以问谁？

进行此研究人员现在和将来会为您解答有关于这个研究的所有问题。您可以通过打 (318) 655-5947 或者发邮件 donleyj@appstate.edu 联系项目研究员。如果您有任何参与才研究的相关权利问题，您可以与阿巴拉契亚大学机构审核委员会联系。白天电话：828-262-2692，电子邮件：irb@appstate.edu。地址是阿巴拉契亚大学，研究办公室，机构审核委员会，布恩，北卡，邮编：28608。Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

我必须要参加吗？还有什么需要知道？

您的加入来自于自愿。如果您不愿参加，将不会有惩罚或失去现有的权利的权益。如果您决定参与，您有权随时退出。如果您决定参与，请让研究者知道。您将可以保留您的同意书。

此研究项目已被阿巴拉契亚大学机构审核委员会通过。

此研究在 通过。

此研究将会在 失效。除非阿巴拉契亚大学机构审核委员会再次审核通过。

Child Consent Form

Understanding how Chinese Culture is Incorporated into Western-trained Music Therapists' Sessions in China: Ethnographic Study

Principal Investigator: Jessica Donley

Contact Information:

Jessica Donley
407 Welcome Way
Boone, NC 28607
donleyj@appstate.edu

Dr. Melody Schwantes Reid
Rm 316C, Edwin Duncan Hall
828-262-8216
ms18994@appstate.edu

Joining a Research Study

What is research?

Research is a way to test new ideas. Research helps us learn new things.

Being part of a research study is your choice. We are asking you to join a research study. You can say Yes or No. Whatever you decide is OK.

Why are we doing this research?

In our research study we want to see how your music therapist brings in ideas from Chinese culture into music therapy.

What will happen in the research?

I am asking your permission to observe your music therapy sessions with an interpreter. I am also asking your permission to interview you following the music therapy session to ask you questions about Chinese culture and music therapy. Music therapy sessions and interviews will be audio recorded.

What are the good things that can happen from this research?

What we learn in this research may or may not help you now. When we finish the research we hope we know more about how music therapists may best do music therapy with Chinese people in China.

What are the bad things that can happen from this research?

If ever you decide you don't like sharing or answering the questions, you can pass and not answer. It is ok if you choose to do this.

What else should you know about the research?

Joining a research study is your choice. You can say Yes or No. Either way is OK. If you say Yes now and change your mind later that is OK. You can stop being in the research at any time. If you want to stop, please tell me or your music therapist.

Take the time you need to make your choice. Ask us any questions you have. You can ask questions any time.

If you would like to be in the research, please read this statement and sign your name below:

[date of this version]
[IRB Number]

The researcher has told me about the research study. I had a chance to ask questions. I know I can ask questions or stop at any time. I want to be in the research study.

参加研究同意书
此研究的主要事项

了解在中国，中国文化如何嵌入西方音乐疗法的训练：使用人种志研究方法

□目主要□□人: Jessica Donley

院系: 音□□法

□系方法:

Jessica Donley

407 Welcome Way

Boone, NC 28607

(318)655-5947

donleyj@appstate.edu

Dr. Melody Schwantes Reid

Rm 316C, Edwin Duncan Hall

828-262-8216

ms18994@appstate.edu

研究是什么？

研究是测试新想法的方法。研究帮助我们学习新事物。

您可以选择成为研究项目的一部分。我们邀请您加入一个研究项目。您可以同意或拒绝。您的决定都可以接受。

我们为什么要做此研究？

在此研究中，我们想了解您的音乐治疗师如何把中国文化带入音乐疗法。

在此研究中会发生什么？

您将被要求在您同您的客户进行音乐疗法的同时，此研究者及翻译可以进行观察及录音。您也会被要求参加一个与研究者和翻译的访问。您需要回答一下与此研究相关的问题。此次访问也将被录音。

此次研究会给您带来哪些好处？

参考此研究将不会带来任何个人益处。当做完此研究，我们希望我们能了解更多关于音乐治疗师怎么样对在中国的中国人最好的采用音乐治。

在此次研究，您可能会有哪些不好的事情发生？

如果您决定您不愿分享或回答问题，您可以过掉或不回答。如果您这样做我们可以理解。

其它还有什么关于此研究您应该了解的？

您可以自由选择加入此研究。同意决绝均可。如果您同意后面改变主意也可以。您可以在研究的任何时候要求停止。如果您要停止，请告诉我或者您的音乐治疗师。

不用急于做出您的决定。您可以随时提出任何问题。

如果您愿意参加此研究，请阅读下面内容并签字：

研究者已经告知我此研究。我可以提问。我知道我可以在任何时候提问和终止加入。我愿意加入此研究。

Facility Professional Consent Form

This study is confidential. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what that information is. Your name will be kept separate from information, replacing names with numbers. Your data will be protected under the full extent of the law.

Data and identifying information (e.g., audio recordings) will be kept indefinitely, but all information will be stripped of identifiers without anyone knowing it is information from you the participant.

Who can I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at (318)655-5947 or donleyj@appstate.edu. If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at irb@appstate.edu or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

Do I have to participate? What else should I know?

Your participation in this research is completely voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. If you decide to participate in this study, let the research personnel know. A copy of this consent form is yours to keep.

This research project has been approved by the Institutional Review Board (IRB) at Appalachian State University.

This study was approved on:

This approval will expire on _____ unless the IRB renews the approval of this research.

参加研究同意书

此研究的主要事项

了解在中国，中国文化如何嵌入西方音乐疗法的训练：使用人种志研究方法

□目主要□□人: Jessica Donley

院系: 音□□法

□系方法:

Jessica Donley

407 Welcome Way

Boone, NC 28607

(318)655-5947

donleyj@appstate.edu

Dr. Melody Schwantes Reid

Rm 316C, Edwin Duncan Hall

828-262-8216

ms18994@appstate.edu

您被邀请参加一个名为“了解在中国，中国文化如何嵌入西方音乐疗法的训练”的研究项目。如果您同意加入这项研究，您将成为五十个自愿参加者之一。通过这个研究，我们希望获得一些方法有助于音乐疗法融入中国人在中国或者其他地方的文化需要。

此研究的研究过程将在音乐疗法的工作场所进行。

您会被要求参加一个与研究者和翻译的访问。您需要回答一下与此研究相关的问题。

在此次研究，您可能会有哪些不愉快的经历？

据我所知，该研究会导致的不愉快经历的程度会低于您在生活中的日常经历。

此次研究会给您带来哪些益处？

参考此研究将不会带来任何个人益处。但是由此研究所得到的信息将有利于今后的如何提供具有文化特点的音乐疗法。

参加此研究我会有经济赔偿吗？

我们在此次研究者将不会就您自由投入的时间给予经济补偿。您将如何保证我的提供的信息的安全保密的？

此研究是保密的。我们将力保您所提供的信息不被研究小组以外的人知道。您的姓名将和您所提供的信息分开。我们会用数字来代替名字。您的数据将受到法律保护。

数据及其他可分辨信息，例如：录音 将会被无限期保留，但所有有助于确认身份的信息将会被去除。确保无人能认出参与者。

如果我有任何问题我可以问谁？

进行此研究人员现在和将来会为您解答有关于这个研究的所有问题。您可以通过打 (318) 655-5947 或者发邮件 donleyj@appstate.edu 联系项目研究员。如果您有任何参与才研究的相关权利问题，您可以与阿巴拉契亚大学机构审核委员会联系。白天电话：828-262-2692，电子邮件：irb@appstate.edu。地址是阿巴拉契亚大学，研究办公室，机构审核委员会，布恩，北卡，邮编：28608。Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

我必须要参加吗？还有什么需要知道？

您的加入来自于自愿。如果您不愿参加，将不会有惩罚或失去现有的权利的利益。如果您决定参与，您有权随时退出。如果您决定参与，请让研究者知道。您将可以保留您的同意书。

此研究项目已被阿巴拉契亚大学机构审核委员会通过。

此研究在 通过。

此研究将会在 失效。除非阿巴拉契亚大学机构审核委员会再次审核通过。

Appendix B

Observation Guide for Observing Music Therapy Sessions

1. I will observe music therapists for at least two days.
2. I will tell clients about the purpose of the study and ask them for verbal consent with an interpreter present.
3. The client will also be told that the observation of the sessions and the interview by the client will remain confidential.
4. In order to avoid pressuring the client, the interpreter and I will move away and give the client or clients one minute to consider.
5. Then, I will have their music therapist ask the client with the interpreter and I close by. If the client or clients approve consent for observation and interview the session, I will observe and interview clients. Clients may consent to observation and/or interviews at this time.
6. Clients will be asked if they understand that with the observation and interviews, they will be audio recorded before proceeding.
7. The client will also be told that if he chooses during the session, the researcher and the interpreter may leave the room.
8. If consent is provided, I will audio record and observe the duration of the session.
9. If the client participant invites the researcher to participate in the session, the researcher will participate.
10. Following the session, I will thank the client participant for allowing me to observe their session.

11. Then, I will ask them if now is a good time to talk about music therapy and their interview.

Appendix C

Interview Guide-Music Therapists

Introduction in Interview

Thank you for allowing me to observe your music therapy sessions with your clients. It was exciting for me to see how music therapy is used in China and how things may be done differently for your culture.

I have a few questions I wanted to ask you. I want to know more about how Chinese culture is incorporated in your sessions with your clients. I will keep your answers confidential and will only use your responses for this study. The interpreter will be with us to help if needed. They will also keep everything confidential that we discuss today. I will be recording the interview so that I may listen to it again.

Semi-Structured Interview Questions

1. Tell me about yourself including your music therapy background, where you work, and the clients that you currently work with.
2. What is your definition of music therapy?
3. How do you define Chinese culture?
4. What is the relationship between music and Chinese culture?
5. In what ways does Western music therapy differ from other music therapies in China?
6. In what ways does Western music therapy meet the needs of your clients?
7. What would you want to change about Western music therapy to meet these needs?
8. Describe how you adapt your music therapy sessions for inclusion of Chinese culture.
 - a. What models of therapy do you use in your practice now?
 - b. What instruments do you use in your work?

- c. Describe the different genres of music that you use or that your clients request in sessions.
 - d. What Chinese healing practices do you use in your work?
9. What are ways you build rapport and develop a therapeutic relationship with your clients in China?
10. Is there anything else you wanted to tell me?

Interview Guide-Adult Clients

Introduction in Interview

Thank you for allowing me to observe your music therapy session.

For this study, I want to know how music therapists in China include Chinese culture in sessions.

I have a few questions I wanted to ask you. I will keep your answers confidential and will only use your responses for this study. The interpreter will be with us to help if needed. They will also keep everything confidential that we discuss today. I will be recording the interview so that I may listen to it again. If at anytime you want to stop the interview, please let me know.

Interview Questions:

1. Describe your music therapy experience.
 - a. How did you hear about music therapy?
 - b. When and why did you start coming to music therapy?
2. How does music therapy help you?
3. What do you like about music therapy?
4. What do you like about the music therapist?
5. Describe how your music therapist includes Chinese culture in music therapy with you.
6. What would you change about music therapy?
7. How long will you continue coming to music therapy?
8. Is there anything else you wanted to tell me?

Interview Guide-Child Clients

Introduction in Interview

Thank you for letting me observe your music today.

I want to know what you think about music therapy. I have a few questions I want to ask you. I will be sure to not let anyone know that these are your responses when I write about music.

The interpreter will be with us to help if needed. They will also not let anyone know that they are your responses.

If at anytime you want to stop talking, please let me know. I will be recording our talk so I can listen again later.

Interview Questions:

1. What do you like about music?
2. What do you like about music therapy time?
3. What do you think about your music therapist?
4. Why do you come to music therapy?
5. How do you think music therapy helps you?
6. What would you change about music therapy?
7. Is there anything else you wanted to tell me?

Interview Guide-Facility Professionals

Introduction in Interview

Thank you for letting me talk with you.

For this study, I want to know how music therapists in China include Chinese culture in sessions.

I have a few questions I wanted to ask you. I will keep your answers confidential and will only use your responses for this study. The interpreter will be with us to help if needed. They will also keep everything confidential that we discuss today.

If at anytime you want to stop the interview, please let me know. I will be recording the interview so that I may listen to it again.

Interview Questions:

1. Tell me about yourself
2. When did you start working here, and how long you have worked with the music therapist?
 - a. Describe your professional relationship with the music therapist.
3. When did you first learn about music therapy?
4. How was music therapy described to you?
5. Describe your experience with music therapy.
6. What does music therapy look like to you?
7. How does music therapy look different from other therapies?
8. What are ways that the music therapist use Chinese culture in their session?
9. Is there anything else you wanted to tell me?

Vita

Jessica Marie Donley was born in Shreveport, Louisiana to Michael and Pamela Donley. She graduated from the University of Louisiana at Monroe in May 2012 where she earned her Bachelor of Music degree in Music Performance. While working toward her Master of Music Therapy degree at Appalachian State University, Jessica worked as an assistant for the Office of Research, Grants, Resources, & Services. She completed her internship with Allegro Music Therapy & Education Services in Greensboro, NC where she worked with individuals in adult day care, preschool, medical, nursing home, group home, and after school settings. In August 2016, she received her board certification for music therapy (MT-BC). She was awarded the Master of Music Therapy degree and also earned the Systemic Multicultural Counseling Certificate in December 2017.

Jessica plans to remain in the surrounding area a little longer to continue her work with Grants, Resources & Services and to complete her research. She is eager to participate in musical activities and will also be studying the Chinese Mandarin language. She hopes to return to China soon to continue research that may further inform music therapists how to provide culturally responsive music therapy to Chinese people in China and other contexts.